



DOULAS FOR ABORIGINAL FAMILIES GRANT PROGRAM

Administered by the BC Association of Aboriginal Friendship Centres

FAMILY REFERRAL AND REGISTRATION FORM

Client Information:		
Last Name:	First Name:	Application Date: (MM/DD/YY)
Due Date: (MM/DD/YY)	Home Phone:	Alternate Phone:
<i>*Require a minimum of one form of contact either e-mail and/or phone (e-mail preferred)</i>		
Email:		
Current address:		
City/Community:	Province: BC	Postal Code:
Location:	<input type="checkbox"/> Urban/Off Reserve	<input type="checkbox"/> On Reserve
Expectant Mother identity:	<input type="checkbox"/> First Nations	<input type="checkbox"/> Metis
	<input type="checkbox"/> Inuit	<input type="checkbox"/> Non-Aboriginal
	<input type="checkbox"/> Other: _____	
Partner's identity:	<input type="checkbox"/> First Nations	<input type="checkbox"/> Metis
	<input type="checkbox"/> Inuit	<input type="checkbox"/> Non-Aboriginal
	<input type="checkbox"/> Other: _____	
Expectant Mother's Age Range:	<input type="checkbox"/> 19 – under	<input type="checkbox"/> 20 – 24
	<input type="checkbox"/> 25 – 29	<input type="checkbox"/> 30 – 34
	<input type="checkbox"/> 35 – 39	<input type="checkbox"/> 40- over
Support Organization/Program: <i>* Mandatory as of Jan. 2017</i>		
Name of Contact person:		
Job Title:		
Phone:	E-mail	
Fax:	<input type="checkbox"/> Please check the box if you would like to receive program updates via e-mail.	



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Doula Information:

If you would like to find a doula in your area, please refer to the links below:

- <http://www.bcdoulas.org/find-a-doula>
- <https://www.dona.org/what-is-a-doula/find-a-doula/>

Have you found a Doula who you are wanting to work with? Yes No

Have you contacted the Doula (above) to confirm availability? Yes No

If yes, full name of Doula:

If no, please contact Program Administrator, Brittany Morgan before sending in your application.

Phone: 1-800-990-2432 or (250) 388-5522 Ex. 205

E-mail: doulasupport@bcaafc.com

ESTIMATED FINACNIAL INFORMATION FOR DOULA SERVICES

Please provide a breakdown of the total budget for Doula services *(completed by Doula)*
** Mandatory as of Jan. 2017*

Service(s):	DESCRIPTION OF PROPOSED SERVICES	HOURS/ DURATION	FEES
Prenatal visit(s)			\$
Labour and birth support (at home and/or the hospital)			\$
Post-partum Visit(s)			\$
Other (please identify)			\$
<i>Must not exceed \$1000</i>		TOTAL	\$





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Signatures	
<input type="checkbox"/> I hereby certify, to the best of my knowledge, all information in this application is correct and in accordance with the criteria of the Doula Bursary Program. I agree to inform the BCAAFC of any changes in the information provided.	
<i>Print Name of Applicant:</i>	
Signature:	Date:
<i>Print Name of Doula:</i>	
Signature:	Date:
Application Checklist:	
<input type="checkbox"/> Completed Application including 2 signatures <input type="checkbox"/> Ensure all sections are filled out correctly <input type="checkbox"/> Have selected and contacted a certified doula <input type="checkbox"/> Client has completed attached survey (mandatory) <input type="checkbox"/> Client has signed and attached the Information Release Form	
Please Send to: Brittany Morgan Doula Program Administrator BC Association of Aboriginal Friendship Centres 551 Chatham Street, Victoria, BC V8T 1E1 Phone: 1-800-990-2432 or (250) 388-5522 Ex. 205 Fax: (250) 388-5502 E-mail: doulasupport@bcaafc.com	
 BC Association of Aboriginal Friendship Centres	





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Survey Questions:

Question 1: Why is it important to you to have the support of a doula?

Question 2: Did you have trouble finding a doula in your area? (if yes, please specify)

No

Yes, please specify

Question 3: What supports are you looking for in your doula?

Emotional Support (e.g. listening, affirming, encouraging)

Aboriginal cultural support (incorporating aboriginal culture/beliefs into the birth experience)

Physical comforts (e.g. hot water bottle, massage)

Health information (e.g. about physical activity, infant feeding, coping skills)

Aboriginal Traditional medicine (e.g. foods, herbs, teas, ointments, etc.)

Guided conversation with participating women and their families about their expectations,

Other, please specify...

hopes and concerns regarding the birth of their baby

Referrals to other programs and services to support participating women and their families

Creation of an ideal setting for a positive birth experience

Encouragement of partner / family involvement during pregnancy

Encouragement of partner / family involvement during labour and birth

Encouragement of partner / family involvement during the postpartum period



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Question 4: Location of Birth:

- Home Birth
- Hospital Birth
- Will travel less than one hour to give birth
- Will travel more than one hour to give birth
- Will have to leave the community ahead of time to give birth
- Other, please specify...

Question 5: Would you be willing to participate in a program survey (less than 5 minutes) following birth and/or postnatal visits?

- Yes
- No



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INFORMATION RELEASE FORM

I _____ hereby
(Print name of Mother)

authorize the BCAAFC Doulas for Aboriginal Families Grant Program the right to use any form of information in relation to the program [Birth summaries/highlights, photographs (if provided), etc.] excluding personal information on the application form(s). Information can be provided and submitted by their multiple representative(s) (doula, family and/or support organization) provided that such use is for non-commercial purposes and only used for promotion of the program. Names of client and/or doula will all remain confidential in submissions.

I understand that the information may be used in publications, reporting, print advertisement, direct-mail piece, electronic media (e.g., video, internet, Social Media, etc.) or other forms of communication.

In giving my consent, I hereby release and hold harmless the BCAAFC Doulas for Aboriginal Families Grant Program and their employees, officials, representatives and contractors from all responsibility or liability for damage of any kind.

I have read and understand this Release Form.

I _____ hereby authorize the release of the above
(Print name of Mother)
information to the foregoing.

Printed Name of Mother:

Signed Name of Mother:
