



International Center for Traditional Childbearing
 PO Box 11923
 Portland, OR 97211
 503-460-9324

FULL CIRCLE DOULA TRAINING REGISTRATION FORM

Date: _____ Training Location: _____ Month/Yr: _____

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Email: _____ DOB: _____

FAMILY STATUS (circle one) Single Married Divorced Separated Widowed Children? Yes No

INCOME SOURCE (circle one) Employed Public Asst Unemployment Fin. Aid Spouse Retired

ETHNICITY/RACE (circle one) African-Am. African White Hispanic Asian Native-Am. Other

EDUCATION (circle one) HS Student Diploma/GED Some College Degree(s)

Attended a previous ICTC event or training? Yes No Currently an ICTC Member? No Yes ID# _____

List previous doula training courses you've completed: _____

*FULL PAYMENT is required no later than 15 days prior to the training date. Once your paperwork is received and processed, a confirmation letter, philosophy paper, foundation book title, pre-evaluation, and local resource list (for traveling students) will be e-mailed to the address you provided above. The training manual and doula bag will be distributed on the first day of class.

*The late registration fee is required to accompany all applications received after the deadline date.

REFUND POLICY: All fees are non-refundable. A 95% tuition refund is available only up to and including the registration deadline date. Check www.ictcmidwives.org for deadlines or contact the office. No refunds will be made after the deadline but late registrations will be accepted with the appropriate fee. In the event ICTC cancels the training, tuition payments (but not fees) will either be transferred to a future class upon request or refunded entirely (allow 30 days for processing).

- Yes! Register me for the ICTC Full Circle Doula Training!**
- | | |
|--|-----------------|
| \$500 Non-Member Tuition* | \$ _____ |
| \$400 ICTC Member Tuition* | \$ _____ |
| Approved scholarship amount | \$ _____ |
| \$25 Late Payment Fee** (non-refundable) | \$ _____ |
| Total tuition + fees: | \$ _____ |

- I have enclosed a check or money order (Payable to ICTC).
- I am paying \$_____ by debit/credit through PayPal on ____/____/____ (date).
 (To use your credit/debit card: Log into your PayPal account and Send Payment to ictc@ictcmidwives.org.)

____ (initial here) I understand that trainings photos are property of ICTC and may be used publicly.

Fax or mail completed application packet to ICTC Doula Training at 503.445.7760 or PO Box 11932, Portland OR 97211
 Contact Zummy at 503-460-9324 or zummy@ictcmidwives.org for more information.



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FULL CIRCLE DOULA TRAINING LETTER OF RECOMMENDATION

Full Name:

Phone:

Email:

Doula Candidate:

Date:

The person who asked you to complete this recommendation is a candidate for the ICTC Full Circle Doula Training program. If accepted, she will take part in a wonderful training in traditional childbirth practices.

A Full Circle Doula is a birth companion who provides physical, emotional, and spiritual support and comfort to pregnant women throughout labor, birth, and the postpartum period. Please keep this in mind as you answer the questions and describe why you believe this person would make a good contribution to the childbirth community.

If you prefer, you may write a narrative (short essay) that conveys your sentiments. Thank you for your time.

Q1. How do you know the candidate, and for how long?

Q2. What particular traits, qualities, or skills does the candidate possess that you feel suits them for doula work?

Q3. Relay an instance when the candidate displayed the type of skills needed for this work.

Q4. Do you feel the candidate is spiritually and emotionally grounded and capable of supporting a laboring mother? Explain.

Q5. How do you envision that this candidate, in her role as a doula, might be of benefit to her community?

Q6. Do you have any hesitations about recommending this candidate to work as a doula?

Thank you for taking the time to encourage this candidate in her pursuit of a future in traditional childbirth. Please return this form to either the candidate or to the address, fax number or email listed below.

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