

Ten Thousand Doors
Canadian Centre for End of Life Education & Supportive Services
“creating an era of dying and death embodiment”

APPLICATION
for
End of Life Doula Care Certificate
Education & Training Program

Date of Application: _____ for program begin date **SEPTEMBER 14/2019**

Personal Information:

First Name: _____ Last Name: _____
DOB: _____ Gender: Male _____ Female _____ Other _____
(MM/DD/YEAR)
Citizenship: Canadian _____ Landed Immigrant _____ Visa Student _____ Other _____

Address: _____ City _____
Province/State: _____ Postal/Zip Code _____
Telephone Number: Home _____ Cell _____
Email Address: _____

Educational Background: (Please list all formal academic training)

| <u>School</u> | <u>Dates Attended</u> | <u>Area of Study</u> | <u>Diploma/Degree/Other</u> |
|---------------|-----------------------|----------------------|-----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Related Training: (Please include all/any related to End of Life Care)

| <u>School</u> | <u>Dates Attended</u> | <u>Training Type</u> | <u>Credential Achieved</u> |
|---------------|-----------------------|----------------------|----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Work History: (All work experience during the past 5 years)

| <u>Employer</u> | <u>Location</u> | <u>Length of Employment</u> | <u>Job Title/Responsibilities</u> |
|-----------------|-----------------|-----------------------------|-----------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Cancellation and Refund Policy

Prior to commencement of the training program:

- Formal written notice **must be** provided to the Director, should you wish to withdraw your enrolment from the training program:
 - If notice is received more than 60 calendar days prior to commencement of the program, the amount of paid tuition less \$250 administration, will be considered.
 - If notice is received between 30 and 60 days prior to the program start date, the amount of paid tuition less 50% will be considered.
 - No refunds will be provided in the 30 days prior to program start date, UNLESS there is a wait list and we are able to fill your seat.
- No refunds will be provided beyond the commencement of the training program.

Payment Options:

1. 1 payment of \$3200 (plus gst \$160) = \$3360 Due before July 15/2019
2. 1 payment of \$3800 (plus gst \$190) = \$3950 Between July 15th and August 15th
3. 3 instalments of \$1400 (includes GST) = \$4200 Due June 15th/July 15th/Aug 15th

Waiver

In signing this form, I am acknowledging that I have read, understand and agree to the cancellation and refund policy and understand that a default in my tuition obligations for this program will be submitted to a third party and may affect my credit rating.

Signature of Applicant

Date

Credit Card Information:

Credit Card (VISA ____ M/C ____) #: _____

Exp. Date (month/year): _____

3 digits on back of card: _____

PLEASE SUBMIT COMPLETED FORMS WITH APPROPRIATE BANKING INFORMATION

*Please outline the circumstances, situations or experiences that have led you to your interest in our EOL Doula Care training program/certification. **Please attach a separately/limit to one page.***

All information is required in order that we consider your application and registration.

Please forward the completed forms (and one-page attachment) to: **info@tenthousanddoors.com**

We will provide a written response to your application/registration once within one week of receipt of submission.