



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

"creating an era of dying and death embodiment"

Date of Application: _____ for program begin date **October 15/2022**

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 fee, 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
2. 4 monthly payments of \$800 (plus GST \$40) May/June/July/August 1st of each month
3. Please contact us directly if a different payment schedule is convenient for you

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

*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.