## **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		
Personal Information:			
First Name:	Last Na	Last Name:	
DOB:			
(MM/DD/YEAR			
Citizenship: Canadian	Landed Immig	rant Visa Stu	dent Other
Address:			City
	ovince/State: Postal/Zip Code		
Telephone Number: H	ome	Cell	
Email Address:			
Educational Backgroun	nd: (Please lit all formal	academic training)	
<u>School</u>	<u>Dates Attended</u>	Area of Study	<u>Diploma/Degree/Other</u>
Related Training: (Plea	se include all/any relat	ed to End of Life Card	2
<u>School</u>	<u>Dates Attended</u>		<u>Credential Achieved</u>
Work History: (All worl	k experience during the	past 5 years)	
<u>Employer</u>		h of Employment	Job Title/Responsibilities

### **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 7 days prior to commencement of the program, the amount of paid tuition less \$250 administration, will be considered.

No refunds will be provided beyond the commencement of the training program

### Payment Options|:

1 payment of \$3200 (plus 5% GST \$160) = \$3360

OR

4 payments of \$800 (plus \$40 GST) = \$3360

Payment can be made through the following Palpal link (belonging to Cindy Butler, Founder of Ten Thousand Doors:

paypal.me/cindylbutler

#### 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 oblications for this program will be submitted to a third party and may affect my credit rating.

Once we have received and reviewed your application our office will contact you with further information regarding the start of the course.

Please outline the circumstances, situations or experience that has led you to your interest in our EOL Doula Care Certificate pprogra/certifications.