



Part 1: Personal Information

Last Name:

First Name:

Contact Number:

Location:

Email:

Business Name (if applicable):

Additional Information (i.e. website URL and social media accounts for your business):

Part 2: Questionnaire for Membership

Please answer each question and complete the declaration at the bottom of this document. This confirms that you are the author of these personal statements and that they are up to date and true to the best of your knowledge.

1. Please explain why you became an End of Life Care Doula?



END OF LIFE DOULA ASSOCIATION OF CANADA

2. Please explain the steps you have taken to complete your training and education (Including the school attended-you may be asked to send a course outline).

3. In your opinion, what are the values, ethics and characteristics of an effective End of Life Care practitioner?

4. Discuss a time when you have demonstrated these values, ethics and characteristics in your work/volunteer experiences.



5. Please discuss a time when you experienced tension involving these values, ethics and characteristics.

Part 3: Work Experience

Please provide any relevant work and volunteer experiences. Include dates, months and years. Be as comprehensive as possible.

May we contact your supervisor(s) to discuss your activities? Yes ___ No ___

1.

Name of agency/company/client:

Dates of employment: From _____ To _____

Job Title:

Location:

Part time _____ Full Time _____ & Paid _____ Volunteer _____ Practicum _____

Total number of hours:

2.

Name of agency/company/client:

Dates of employment: From _____ To _____

Job Title:

Location:

Part time _____ Full Time _____ & Paid _____ Volunteer _____ Practicum _____

Total number of hours:

3.

Name of agency/company/client:

Dates of employment: From _____ To _____

Job Title:

Location:

Part time _____ Full Time _____ & Paid _____ Volunteer _____ Practicum _____

Total number of hours:



Part 4: Personal Statement

Please write a short paragraph as to your beliefs and approach to End of Life Care. Add in anything else you feel we should know about you and your practice.

Please print, sign, and date this document

Print Name

Date

I, _____, confirm that the above responses were prepared, and written, solely by me.