



## **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?



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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).

Currently the Douglas College and Institute for Traditional Medicine courses are approved for membership. The End of Life Doula programs from INELDA, Conscious Dying Institute, Doulagivers and University of Vermont programs are accepted but applicants are asked to complete Canadian Advance Care Planning to supplement their knowledge. If you have taken a program that is not on the list, please send the course outline to [info@endoflifedoulaassociation.org](mailto:info@endoflifedoulaassociation.org) prior to completing your application for our board to evaluate.

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



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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.



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## Part 3: 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.