

APPLICATION FOR ADMISSION TO THE DOULA BUSINESS WORKSHOP: *Building Your Doula Business From the Ground Up (Or From Wherever You Are At)*

Classes will be on the 2nd and 4th Sunday of the month for 4 hours on the following dates:
1/14, 1/28, 2/11, 2/25, 3/10, 3/24, 4/14, 4/28, 5/12, 5/26, 6/9, and 6/23

APPLICATION CHECKLIST: For an application to be considered, each applicant must provide the following:

- ☐ This completed application, including responses to the application questions
- ☐ Proof of completion of a doula training (required), proof of doula certification (if available)

Legal First Name:	Legal Last Name:
Preferred Name (if different from legal name):	Pronouns Used (such as she/her or they/them):
Address:	
Email:	Phone:
Date of Birth:	Emergency contact (Name and contact number):

Please describe how you identify racially and/or ethnically:

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Do you speak any language(s) other than English? If so, what language and what is your level of proficiency?

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Please provide the names, email addresses, and phone numbers of two persons who are not related to you.

1. Professional Reference

Name:	Phone:	Email:
Relationship to applicant:		

2. Personal Reference

Name:	Phone:	Email:
Relationship to applicant:		

Process for Application to the Doula Business Workshop:

Submit the completed application packet to kimberlyporterconsulting@gmail.com by December 15, 2023. The trainers will review the application and make a decision to interview the applicant. The applicant will be notified shortly after that of the decision (invitation or decline).

Applicants who are invited to the program will receive an acceptance letter detailing the deadlines by which they must enroll.

QUESTIONS FOR THE DOULA BUSINESS WORKSHOP APPLICATION

1. **Doula Training:** What type of doula training(s) have you received? What organization(s) were you trained through? When did you take this training or trainings? Have you also achieved certification as a doula? Please provide proof of training such as a copy of a certificate of workshop completion. If you have proof of doula certification, please provide that as well.

2. **Doula Experience:** Please describe your current level of doula experience such as how many births attended, how many postpartum families served, and any doula employment as a self-employed doula, with a doula agency, hospital, clinic or community-based organization.

3. **Current Doula Business Functions:** None of the following are required for acceptance into the workshop but will help us better understand the needs of students. Please check all that apply for your business (but not for a business that you work for):

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|---|--|---|
| <input type="checkbox"/> I have a business name | <input type="checkbox"/> I have a set fee for my doula services | <input type="checkbox"/> I earn income from my doula business |
| <input type="checkbox"/> I have registered my business with the state | <input type="checkbox"/> I have a doula business website | <input type="checkbox"/> I have a complete business plan |
| <input type="checkbox"/> I have a marketing plan | <input type="checkbox"/> I am in the process of becoming a THW Doula | <input type="checkbox"/> I am a THW Doula |
| <input type="checkbox"/> I am familiar with the THW Registry | | |

4. Please describe what culturally specific care means to you and provide an instance where you integrated culturally specific care into your doula support.

5. Please describe how you identify culturally, and please describe the community or communities in which you hope to provide doula care.

6. What is your interest in this doula business workshop? What do you hope to get out of it?

7. Please describe your business goals. How do you expect this workshop to help you with your business goals?

8. This workshop will entail a 1:4-hour business class a month and a 1:4-hour business workgroup a month for six months (bi-monthly class). Classes include in-depth reading, homework, projects, and required assignments throughout those six months. Attendance and being on time are important markers of completion. What barriers and challenges do you see for your successful completion? If you are accepted, will your current life situation and schedule allow you to fully commit to this course?

All of the information provided in this application for admission is true and accurate to the best of my knowledge. I understand that should I furnish false information, this may be grounds for my dismissal from the Doula Business Workshop and affiliated projects.

Signature (written or electronically signed)

Date