



# UWA

Gaithersburg, MD / Atlanta, GA

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## Online Holistic Birth Doula Application

Date: \_\_\_\_\_ Training Location: \_\_\_\_\_ Month/Yr: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (c)

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB: \_\_\_\_\_ Email: \_\_\_\_\_

**FAMILY STATUS** (please circle one)

Single      Married      Divorced      Separated      Widowed

Children:    NO    YES    Number: \_\_\_\_\_    Ages \_\_\_\_\_

**INCOME SOURCE** (circle all that apply)

Employed    Public/Govt. Asst    Alimony    Unemployment    Child Support    Other

\_\_\_\_\_

**ETHNICITY/RACE** (circle one)

Black    White    Latina/o    Asian    Native American    Bi-Racial (\_\_\_\_\_)

Other \_\_\_\_\_

**EDUCATION** (circle one)

Diploma    GED    College or degree(s): \_\_\_\_\_

List previous doula training or other childbirth support-related courses you've *completed*:

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Once payment has been received you will be notified and emailed the syllabus and book list for the first day of class.

Each application *must* be submitted with:

\_\_\_\_\_ Three (3) character references (letters of recommendation)

\_\_\_\_\_ 400-word essay detailing (a) why you want to become a Holistic Doula and (b) how you plan to use this training.

\_\_\_\_\_ Registration Application

I certify that the information contained in this application packet is true and complete to the best of my knowledge. My signature below will confirm this fact.

Signature \_\_\_\_\_ Date \_\_\_\_\_