**Professional Membership Application Form**

**Personal Information:**

First Name Last Name

Full Address (number and street, city, postal code)

Postal Address (incl. city, postal code)

Phone numbers

Email

Business Name (if applicable)

Additional Information (i.e. website, social media accounts etc)

**Training and Education:**

Please record all End of Life Doula courses taken, followed by any other relevant training.

|  |  |  |
| --- | --- | --- |
| **Name of course** | **Course Provider** | **Year Completed** |
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ELDAA required training and education.

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| --- | --- | --- |
| **Name of course** | **Course Provider** | **Year completed** |
| Advanced Care Planning |  |  |
| Assisted Dying Training | Te Whatu Ora - Health NZ |  |
| Fundamentals of Palliative Care (or relevant experience) | Hospice NZ or other |  |
| First Aid Certificate (recommended) |  |  |

**Experience**

Please record any experience related to end of life, bereavement or palliative care including relevant work history.

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| --- | --- | --- |
| **Experience** | **Skills that relate to EoL** | **Dates (if relevant)** |
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**Further Requirements:**

Do you agree to actively provide Doula Services? Y/N

Do you agree to an interview by one of our committee members? Y/N

Do you agree to submit proof of up to 10 hours of professional development each year to keep your membership active? Y/N

Do you have professional indemnity insurance (recommended)? Y/N

Do you wish to be listed as a practicing End of Life Doula in our directory? Y/N

Are you willing to provide a current Ministry of Justice criminal record check?Y/N

**Referees** May we contact your referees? Y/N

Full name:

Email:

Phone

Full name:

Email:

Phone**Before submitting your application please check the following:**

* Have you read, agreed to and signed the ELDAA Code of Ethics?
* Have you attached any certificates of any referenced training you have completed?
* Have you attached your insurance certificate?
* Have you attached your criminal records check? <https://www.justice.govt.nz/criminal-records/>

Signed:

Date:

Please email your application, along with all documentation, to membership@eldaa.org.nz.