

SACRED SPACE

Doula Training

2010

FACILITATOR:
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Application Form

Please complete and return with proof of deposit to fax 0866 914 307 or rosalia@doulatraining.co.za

Name:

Address: *Street number*
Street name
Suburb
Postal code
Province

Brief description of personal birth experience if applicable:

Reason for wanting to become a doula:

Age:

Please indicate the location of the workshop you wish to attend

- Cape Town
 Johannesburg
 Durban

Occupation:

- Midwife:
 Childbirth educator:
 Doula:
 Therapist:
 Other (specify):

Phone (h):

Phone (w):

Cell phone:

Email address:

The cost of the 3 day workshop is R3000.00 per individual.

A deposit of R 1500.00 secures your place in the workshop. The balance of R1500.00 is payable before or at the workshop on the first day.

Payments to be made into:

Bank: **FNB**
Name: **R. Pihlajasaari.**
Branch: **254905**
Account: **62222766844**
Reference: **Your name+SS**

Please email or fax all necessary documentations to rosalia@doulatraining.co.za or fax to 086 691 4307