



Doula Association of Ireland Membership Application Form

Name: _____

Organisation/Business Name: _____

Address: _____

Phone: _____

Fax: _____

Mobile: _____

Email: _____

Web Site:

Indicate your title(s)

Birth Doula

Postpartum Doula



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Please provide the following information:

a) Which membership category do you wish to apply for?

(Full Membership (RD) applicants are required to have completed an approved training course and have completed at least three births in the role of doula. Full membership (D/UT) applicants will have completed an approved training course but have not yet completed their three births).

- Full Membership (RD) Full Membership (D/UT)
 Associate membership

b) Certifications and Doula Training undertaken:

c) How many births attended?

To date: _____ In the past 12 months? _____

d) Are you actively supporting clients?

Yes No On Sabbatical, Date of Return: _____

e) Would you like your name and particulars to be added to the Association Website referral list?

Yes No



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f) What contact information do you want listed on the website?

- Phone Email
 Fax Mobile
 Website

g) Listing for the web site, maximum 100 words:

h) What areas/hospitals do you intend to service?

i) Would you consider volunteering for the DAI?

- Yes No

j) Would you consider volunteering as a birth professional in your area?

- Yes No

Both prospective full members (RD) and full members under training (D/UT) should enclose a copy of their Certificate of Attendance of their Doula Training. Persons applying for full membership as a registered doula (RD) should also enclose three written birth reports as per DAI birth report format available from the Secretary and a copy of the client confidentiality release form for each of three clients. Not more than one of the births shall have been a Caesarean Section, and in such a case the Doula is required to have provided pre and post operative support at the hospital.

Prospective members who have not completed approved training are asked to contact the Secretary directly.



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Membership Fees:

Annual Full Membership €30
Registered Doulas (RD) and Doulas under training (D/UT)

Annual Associate membership €25

Doulas:

In submitting this application form and by your signature below, you are agreeing to abide by the Articles of the Doula Association of Ireland Constitution, Code of Ethics and Standards of Practice.

Signature: _____

Date: _____

Please send membership fees as a cheque or money order, made payable to the Doula Association of Ireland to:

Doula Association of Ireland
c/o Germaine Reidy
Oldcourt,
Ballykelly
New Ross
Co. Wexford
087 419 4222

*Thank you for your membership application.
A membership package will be mailed to you promptly.*

If you have any suggestions as to how we can further promote doula services in your area, or you would like to contribute to our newsletter, please send written suggestions to the above address or email us at admin@doula.ie