



SMC
Full Circle Doula
Birth Companion Training

Shafia Monroe Consulting | Birthing CHANGE

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SMC FULL CIRCLE DOULA BIRTH COMPANION TRAINING SPONSOR APPLICATION

Hello,

Thank you for your interest in sponsoring an SMC Full Circle Doula Birth Companion (FCDBC) Training

The SMC FCDBC is trained to serve as a birth companion in labor, birth and postpartum care. They provide emotional support by honoring the sacredness of pregnancy. SMC Full Circle Doula Birth Companions support good nutrition and exercise and encourage the use of traditional comfort measures to assist mothers and their partners for a happy and healthy pregnancy.

Sponsoring the SMC Full Circle Doula® Training supports families and builds camaraderie. Women who train as SMC Full Circle Doulas® emerge as leaders for their community and advocates of better birth outcomes and strong families.

SMC believes that pregnancy, birth and mothering is a special time and should be a time of joy. We recognize that in many instances misinformation surrounds pregnancy, birth and parenting. Stress can contribute to early labor, poor birth outcome and melancholy.

Sponsoring an SMC Full Circle Doula® Training is a solution to support mothers and their partners to celebrate pregnancy and have the birth they desire. SMC Full Circle Doulas® provide listening ears and help throughout the stages of pregnancy, labor, birth and postpartum care including breastfeeding support.

Thank you for supporting the SMC. You help make the difference.

Sincerely,

Kamaria A. Wilson

Accounts Coordinator/Program Director

Shafia Monroe Consulting

SMC Full Circle Doula® Training Sponsor Form Process Overview

Please submit your application 1-4 months prior to the first day of the proposed training date. Once reviewed, the coordinator will contact you to discuss SMC Full Circle Doula® Training goals, roles and responsibilities, deadlines and compensation. If selected, the city, state and training dates will be listed on the SMC website, training schedule and social media platforms. SMC will inform you when the 15 student base requirement has been met. This process varies and is subject to change. Please e-mail trainings@shafiamonroe.com with questions, suggestions, and/or have missed a training or application deadline.

Roles and Responsibilities

SMC Commitment: Shafia Monroe Consulting Will:

- 1) Provide registration for participants through the SMC website SMCmidwives.org
- 2) Promoting the training through social media, company e-news, *print and/or electronic ads.
- 3) Provide trainers and training materials
- 4) Offer stipend at .05% of total for registration of 15 students or more for serving as recruiter and site coordinator (individual or organization). Payable post training. Invoice required.

Sponsor Commitment: SMC FCDBCT Sponsor Will:

- 1) Locate and secure a training site
- 2) Assist with recruiting (a minimum of 10 participants)
- 3) Sign for deliveries related to the training and store the deliveries until SMC Representative arrives.
- 4) *Assist with the set up and break down on each training day
- 5) Connect SMC with guest speakers from your area:
 - a) One third trimester pregnant woman. Eighteen years of age and above.
 - b) A lactation consultant.
 - c) A doula who has successfully had a doula practice for more than one.

Registration Fees and Guidelines

- \$800.00 registration fee.
- \$680.00 registration fee per individual when registered as part of a 15-student base group.
- \$720.00 registration fee per individual when registered as part of a 10-student base group.
- A 10-student base minimum is required to process this application.
- Payment in full for the selected Group Rate (see chart table above) must be paid in full no later than 6 weeks prior to the training start date.
- “Extra student” registration and payment must be received within two weeks prior to the training start date or may not be accepted.

Registration Guidelines A-A-Glance

<i>Group and Individual Rates (Subject to Change)</i>	<i>Standard</i>	<i>Discount</i>	<i>New price</i>	<i>Earnings</i>
Base price for 31/2 day training, up to 15 students	\$12, 000.00	15%	\$10,200.00	\$400.00
Optional added cost per extra student beyond 15-student base	\$800.00	15%	\$680.00	\$30.00
Base price for all 3 1/2 day sessions, up to 10 students	\$8, 000.00	10%	\$7,200.00	\$360.00
Optional added cost per extra student beyond 10-student base	\$800.00	10%	\$720.00	\$36.00
Optional added cost for payments by credit card (see ahead)	2.9%	0	2.9%	0
Optional added cost per extra class day beyond 31/2-day base	\$1,500.00	0	\$1,500.00	0
Optional added cost for international travel (outside US)	<i>Please inquire</i>	<i>Please inquire</i>	<i>Please inquire</i>	<i>Please inquire</i>

Training Information

Applicant Information		
Full Name (First, Middle, Last):	Title:	Credentials
Address Line 1:		
Address Line 2:		
City:	State:	ZIP Code:
Primary Phone Number	General Email:	
Business or Organization Name:		

Training Location, Dates and Times Information	
City:	State:
Training Dates (mm/dd/yyyy)	Training Hours
	4:00pm-8:30pm
	8:30am-5:00pm
	Saturday from 8:30am-5:00pm
	Sunday from 8:30am-5:00pm

Training Site Information		
Site Name:	↑For-profit	↑Non-profit
Address Line 1:		
Address Line 2:		
City:	State:	ZIP Code:
Website:	Email:	Phone Number:

Site Contact Person		
First Name	Last Name	Title
Work Phone Number	Mobile Phone Number	Email
Fee Based <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, cost in full: \$	
How will SMC access during training hours	<input type="checkbox"/> Key <input type="checkbox"/> Site Staff	

Transportation Information	
Access to public transportation:(Check all that apply)	<input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Trolley <input type="checkbox"/> Max Train <input type="checkbox"/> Other:
Is parking available <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parking Lot <input type="checkbox"/> Side Streets <input type="checkbox"/> Number of Cars_____

Meal Accommodations: Are restaurants and/or health food stores within a 10mile radius of training site?	
Are restaurants and/or health food stores within a 10mile radius of training site?	Yes No

<i>Restaurants</i>	<i>Natural Food Stores/Other</i>
1)	1)
2)	2)
3)	3)
4)	4)
Hotel Accommodations: Please list local area hotels within 10 miles of the training site	
<i>STAR RATING:</i> ★★★★★	<i>STAR RATING:</i> ★★★
1)	1)
2)	2)
3)	3)
4)	4)

Other Amenities

SMC Full Circle Doula Birth Companion Training Sponsor Memorandum of Understanding (MOU)

I (First, Middle, Last) _____ agree to accept the role of SMC Full Circle Doula Birth Companion Training Sponsor for the SMC Full Circle Doula Birth Companion Training (start date) _____ to _____ in (city) _____, (state) _____.

() As sponsor of SMC Full Circle Doula Birth Companion Training, I agree to the role of Sponsor and to fulfill the commitments, responsibilities and duties mentioned under Sponsor Commitment on page 1 of this application as it relates to the proposed training on page 5 of this application.

() I confirm that the training site has accommodations for: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> The minimum of 25 people, or list how many people _____
<input type="checkbox"/> 25 chairs and 3 tables, 4ft and 6ft long or list how many chairs _____
<input type="checkbox"/> VCR/DVD with monitor
<input type="checkbox"/> CD player
<input type="checkbox"/> Flip chart easel stand
<input type="checkbox"/> 2 birth balls (different sizes)
<input type="checkbox"/> 3 -5 Electrical Wall Outlets | <input type="checkbox"/> Carpet Floor or clean area rug.
<input type="checkbox"/> Windows
<input type="checkbox"/> Place for preparing food
<input type="checkbox"/> In walking distance of local restaurants for lunch on your own
<input type="checkbox"/> On bus/train routes to and from training site
<input type="checkbox"/> Three-star and four-star Hotel are within 10 miles of training site |
|--|--|

() I understand that all media, including photographs, audio and video recordings and other forms of media taken during the proposed training listed on this memorandum are property of SMC.

By signing below, I agree to the role of Sponsor as it relates to the proposed SMC Full Circle Doula Birth Companion Training in this application. I agree to function as the main contact in my state as it relates to this training, help in the training with set-up, breakdown, serve as a timekeeper and other duties. I will help promote the training with flyers, Facebook and other social media, and word of mouth. Additionally, I will communicate with the SMC Doula Training Coordinator on a regular basis and will send the names of local newspapers in my area to advertise at least 6 weeks before the training.

This is not a contract and it can be cancelled by either party if there are less than 15 registered students, loss of a training site, or a natural disaster. All cancellations must be in writing and emailed to trainings@shafiamonroe.com at least 6 weeks prior to the training start date.

Sponsor Organization:	
<i>Full Name</i>	
<i>Title</i>	
<i>Date</i>	
<i>Signature</i>	

Shafia Monroe Consulting	
<i>Full Name</i>	Kamaria Wilson
<i>Title</i>	
<i>Date</i>	
<i>Signature</i>	

Group Registration

Group Registrant List				
#	First Name	Last Name	Phone	Email
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Invoicing: Third Party Funding Source	
<i>Name</i>	
<i>Company Name</i>	
<i>Department</i>	
<i>Street Address</i>	
<i>City, State, Zip Code</i>	
<i>Phone Number</i>	
<i>Email</i>	

Pay with Visa, Mastercard, American Express or PayPal	
<i>By Phone</i>	Contact Kamaria Wilson, Accounts Coordinator, at 617-751-8928
<i>Online</i>	Click here to Register your group of 10 or more