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## Application Form

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*Please complete and return with proof of deposit to [info@sacredspace.fi](mailto:info@sacredspace.fi)*

Name:

Address: *Street number*

*Street name*

*Suburb*

*Postal code*

*Province*

*Country*

Please indicate the location of the workshop you wish to attend:

- Birth Doula Retreat
- Menarche Doula Retreat
- Motherhood Doula Retreat
- Menopause Doula Retreat
- Death Doula Retreat

Reasons for wanting to become a doula:

Previous doula trainings if applicable:

Date of birth:

Occupation:

Contact number:

Email Address:

Food sensitivities or allergies:

The cost of the workshop is per individual unless otherwise stated. This includes all training manuals, meals and accommodation but excludes travel costs to the retreat location.

A deposit secures your place in the workshop. The balance is then payable before or at the workshop on the first day.

Payments to be made either online or into:

Bank:

Name:

Reference: Your name+SS

*Please email all necessary documentation to [info@sacredspace.fi](mailto:info@sacredspace.fi)  
Space is limited on each training so early registration and payment secures your place.*

*You will receive a confirmation receipt once your deposit has been received.*

*Thank you.*