



Douglas College Childbirth Educator Training Program COURSE REGISTRATION FORM

OFFICIAL USE ONLY

Semester:

Start Date:

CRN:

Registered & Paid in Full

Program Signature

Date

Registration Clerk Signature

Please tick one:

I have previously taken a course at Douglas College

If known: Student # _____

I have never taken a course at Douglas College

Please tick one:

Male

Female

Surname: _____

First Name: _____

Address: _____

City: _____

Prov: _____

Postal Code: _____

Phone: Home: _____

Work: _____

Email: _____

Date of Birth: _____

Day

Month

Year

Please tick box(s)

\$765 Douglas College Childbirth Educator Training Program On-Line Only

\$459 Teaching Skills Workshop Dates: TBA

Location: Douglas College, David Lam Coquitlam Campus

PLEASE ATTACH TO THIS APPLICATION:

A short (1 to 2 page) resume or curriculum vitae including:

- Your education with names of colleges/institutions attended, dates attended, degrees, etc.
- Any training/certifications related to teaching/nursing/doula/childbirth/childbirth education earned with names of sponsoring institution/group and dates of training/certifications.
- Any experience related to teaching, childbirth, childbirth education that you may have.

Mail to:

Sharron Gibbs, Room C3072b CE/Perinatal Program,
David Lam Campus
Douglas College, PO Box 2503 New Westminster, BC V3L 5B2

Fax to:

Sharron Gibbs
CE/Perinatal Program
604-777-6498

Walk-in:

Room C3074 Coquitlam Campus

REFUND POLICY: Full refunds will be issued if the College cancels a course. A full refund, less a \$15 processing fee will be issued if a written request for a refund is received by Continuing Education three business days prior to the start of any course. No refund will be issued if course fees or the refund amount is less than \$15. Fees for materials, supplies, books, etc. are not eligible for refunds. Special refund policies apply to courses where indicated. Check the policy when registering for your course. In the event of course disruptions beyond the control of Douglas College resulting in course cancellation, fees will be refunded on a pro-rated basis depending on the number of classes scheduled before the disruption began.

PAYMENT METHOD

Please tick one box

Cheque enclosed, payable to **Douglas College**

Visa

Mastercard

Card No. _____

Expiry Date: _____

&

CVS: _____

Name on Card: _____

Signature: _____