

# The Farm Midwifery Workshops 2017

## Application Form

Fill out the Application Form below and send it with a deposit of \$75.00, a self-photo and a letter of introduction about yourself and what you do, especially your experience in regard to helping women and babies. The \$75 deposit goes toward the total workshop fee.

I plan to attend the: check the box and fill in the date

- Midwifery Assistant Workshop \$1,375 Date: \_\_\_\_\_
- Advanced Midwifery Workshop \$1,500 Date: \_\_\_\_\_
- Neonatal Resuscitation Class \$350 Date: \_\_\_\_\_

Full Name \_\_\_\_\_ Age \_\_\_\_\_ (20 and over please)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+ four \_\_\_\_\_

Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ e-mail: \_\_\_\_\_

I am a  Doula  Midwife  Nurse  MD  other \_\_\_\_\_

Please send your application with, deposit and a short letter of introduction on a separate page why you are interested in midwifery and what your experience is related to midwifery so far (this letter is important in order to process your application). **Please send us a photo of yourself. This helps us to match names with faces and get to know you.**

**Accommodations for Workshops:** rates apply to workshop nights & 1 night before or after.

Please check what accommodations you want.

Community Center Dorm Bed:  \$25/night/student

Private room:  \$40/night/student,

Cabins if available:  \$550 - \$700/week: contact us for details about available cabins

I have my Cardio-Pulmonary Resuscitation Certificate Y / N (CPR) \_\_\_\_\_

Have you completed any college level anatomy or physiology? Y/N \_\_\_\_\_

Do you have any pet allergies? Y / N \_\_\_\_\_

Please list any food allergies or sensitivities you have: \_\_\_\_\_

For Coffee and Tea (served throughout the day) you prefer: (please check box)

Half & Half  Soy  Almond  Coconut

I have enclosed a total of \_\_\_\_\_.

Allocated as follows: Workshop Deposit: \_\_\_\_\_. Accommodations: \_\_\_\_\_. Books: \_\_\_\_\_.

\*to pay by credit card, e-mail us [midwives@midwiferyworkshops.org](mailto:midwives@midwiferyworkshops.org) for a PayPal invoice

I agree to pay the balance 30 days before the workshop starts.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To contact us:** call (931) 964-2257 on Tues, Thurs, or Fri between 10:00am and 2:00pm Central Standard Time or email [midwives@midwiferyworkshops.org](mailto:midwives@midwiferyworkshops.org)