

African Birth Collective Midwifery Exchange Application

Name (full legal name as appears on passport)

Age_____

Which trip are you applying for?_____

How did you hear about our program, and what made you want to apply?

Birth Date_____

Ethnic background_____

Address _____

Email_____

Phone _____ Emergency contact _____

Allergies _____

Do you take any medications/drugs? _____

Reason_____

Do you have any disabilities that would limit you on this trip in any way?

Have you ever been diagnosed with a mental condition?

Do you have any special dietary needs?

Do you have strong religious beliefs?

Have you ever been in an apprenticeship? For how long and with whom? Please provide phone number for the midwives you worked with.

List all midwifery related academics you have had. Include classes, workshops, certificates etc. (Please use the back of this sheet if necessary)
