

# Neighbourhood Doula Support Application Form Kings College Hospital

\*Required

**We provide free services for women who are experiencing financial hardship\* and at least one of the following:**

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1.

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*Tick all that apply.*

- Under 25
- At risk of perinatal mental health issues
- Experiencing homelessness
- Newly arrived migrant
- Refugee background or seeking asylum
- History of mental health issues
- Current or historical substance misuse
- Experience of trauma, abuse and/or family violence
- Lacking a birth support person
- Rape victim
- Torture victim
- Trafficked woman
- Other

2.

**If you ticked Other, please explain.**

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3. **Name of mother \***

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4. **Living at Barry house \***

*Mark only one oval.*

Yes

No

Other accomodation

5. **Home Address if other than Barry house, please provide address**

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6. **Date of Birth**

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7. **Phone number \***

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8. **Email address**

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9. **Estimated Due date \***

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10.

**Referred by: \***

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11.

**Is the mother booked at labour ward or birth center? \***

*Mark only one oval.*

- Labour Ward
- Birth Center
- Home Birth

12.

**Number of children \***

*Mark only one oval.*

- First baby
- Second baby
- Third baby
- Other

13.

**Does the mother have a partner? \***

*Mark only one oval.*

- Yes
- No
- Not known

14.

**Is the partner planning to be at the birth?**

*Mark only one oval.*

- Yes
- No
- Maybe
- Not known
- Other: \_\_\_\_\_

15.

**Level of English \***

*Mark only one oval.*

- native speaker
- fluent
- elementary
- basic
- Other: \_\_\_\_\_

16.

**Languages spoken \***

\_\_\_\_\_

17.

**Is it likely we will be using an interpreter? \***

*Mark only one oval.*

- Yes
- No
- Maybe

18.

**Other relevant information about the mother (immigration status, language support needs, disability, etc)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This form contains confidential and proprietary material for the sole use of the intended recipients. We adhere to GDPR guidelines and will only keep the submitted information whilst we are working with the mother. We will not share this information.**

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**Thank you for your referral. We will contact you and the mother as soon as we find a Doula for her.**

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