

## Application for Sponsorship

This application form is designed for Registered Clinical Counsellors who wish to apply for sponsorship to the Online Perinatal Grief and Loss Certificate Program as offered by the [Canadian Perinatal Mental Health Trainings](#). This online course is designed to give providers a road map by providing information about theories of grief and sharing tools and strategies to support clients.

### Eligibility Criteria:

- Must be a Registered Clinical Counsellor with current and active registration
- Must demonstrate a commitment to advancing knowledge and practice in perinatal loss and grief
- Must offer counselling in the Okanagan area
- Must be available May 9 & 23, June 6 & 20, 2025 starting at 8 am PT for live online training sessions

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### Applicant Information

**Full Name:**

[First Name] [Last Name]

**Professional Designation(s):**

[Counselling Credentials]

**Registered Clinical Counsellor Number:**

[Registration Number]

**Phone Number:**

[Phone Number]

**Email Address:**

[Email Address]

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### Current Employment Information

**Employer/Organization Name:**

[Employer/Organization Name]

**Position/Title:**

[Position Title]

**Work Address:**

[Street Address]

[City, Province]

[Postal Code]

**Phone Number (Work):**

[Phone Number]

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**Tell Us About Yourself**

**1. Describe your professional background and clinical experience.**

(Please include details of your training, any relevant certifications, and your counselling experience to date.)

[Text Box]

**2. Do you have any previous experience in perinatal loss or grief counselling?**

(If yes, please describe.)

[Text Box]

**3. Why are you interested in perinatal loss and grief counselling?**

(Please share your motivation and any personal or professional reasons driving your interest in this specialty.)

[Text Box]

**4. How do you believe this training will impact your professional development and the individuals or families you serve?**

[Text Box]

**5. Is there any additional information you would like to provide in support of your application?**

[Text Box]

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**Applicant Declaration:**

I hereby declare that the information provided in this application is accurate and complete to the best of my knowledge. I understand that submission of this application does not guarantee sponsorship, and that any sponsorship offered is at the discretion of the OPILS committee.

**Applicant's Signature:**

[Signature or Name]

**Date:**

[Date]

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**Submission Instructions:**

The deadline for applications is April 15<sup>th</sup>, 2025.

Please submit your completed application form to [krystal.opils@gmail.com](mailto:krystal.opils@gmail.com).