Lavender Grace – Sleep Consultant Application

Thank you for your interest in joining Lavender Grace. Please complete this application in full and upload all required documents. Incomplete applications cannot be reviewed. Once submitted, our team will contact you if your qualifications align with our current needs.

Personal Information

Full name: _____ DOB:_____

Phone number: _____ Gender: _____

Email address: _____

City/State: _____

Are you legally authorized to work in the U.S.? (Yes / No)

City / Area You Serve : _____
Do you speak any other languages? _____

Safety & Background

Reliable Transportation? (Yes / No)

Are you willing to undergo a background check? (Yes / No)

Are you willing to undergo a drug test if required? (Yes / No)

Have you ever been terminated from a childcare or doula-related role? (Yes / No)

Have you ever been investigated for misconduct involving children or families? (Yes / No)

Do you have any pending legal matters? (Yes / No)

Training & Certification

Have you completed a sleep training program? (Yes / No)

If yes, organization & year: _____

Are you certified? (Yes / No / In progress)

Certifying body (if applicable): _____

Specialty areas (check all that apply):

- Newborn sleep
- Infant sleep

- Toddler sleep
- Multiples
- Gentle/low-cry methods
- Sleep shaping
- Sleep training
- Holistic sleep support
- Neurodivergent-informed sleep support

Other or extra comments:

_____

_____

Experience & Approach

How many families have you helped with sleep support? _____

Describe your general sleep philosophy:

_____

_____

Which sleep methods are you comfortable using? And do you find you use most often?

_____

_____

Are you comfortable creating customized sleep plans? (Yes / No)

Are you comfortable offering virtual sleep support? (Yes / No)

Are you comfortable offering in-home sleep support? (Yes / No)

Services You Offer

Check all services you provide:

- Sleep assessments
- Personalized sleep plans
- Virtual coaching

- In-home coaching
- Overnight support
- Follow-up support
- Newborn sleep education
- Feeding/sleep routine guidance
- Parent coaching

Do you offer extended packages (1–4 weeks)? (Yes / No) if not how long is your average client?

Availability & Service Area

Preferred number of clients per month: _____

Primary service radius (miles): _____

Are you open to extended travel for a travel fee? Yes / No

Hours per week you'd like to work: _____

Preferred shift types:

- Daytime
- Overnight
- Weekends
- On-call
- Combo

Other: _____

Do you have any schedule restrictions due to school, another job, or caregiving?

_____

_____

Safety, Documentation & Business Requirements

Do you carry professional liability insurance? Yes / No

If yes, carrier & coverage limits: _____

Are you willing to complete a background check? Yes / No

Do you operate as an independent contractor (1099)? Yes / No

Are you comfortable using Lavender Grace systems for:

- Scheduling
- Documentation
- Client communication
- Sleep plan submission

Working Style & Values

How do you support families who prefer gentle or no-cry methods?

_____

_____

How do you support families who prefer structured sleep training?

_____

_____

How do you incorporate trauma-informed, culturally sensitive, and inclusive care?

_____

_____

What does ethical, respectful sleep consulting mean to you?

_____

_____

Additional Information

Why do you want to join Lavender Grace?

_____

_____

What makes your sleep consulting approach unique?

_____

_____

Do you have any physical limitations, allergies, or environmental sensitivities that may affect your ability to safely perform doula work (e.g., lifting, long periods on your feet, pet allergies, fragrance sensitivities)?

_____

_____

Anything else you'd like us to know?

_____

_____

References

2–3 client or professional references:

Name: _____ Relationship: _____

Email: _____

Phone: _____

Name: _____ Relationship: _____

Email: _____

Phone: _____

Attachments

(Please attach the following documents)
Resume

Certifications