



RENTAL APPLICATION

Date of application:				Status: OFFICE USE ONLY <input type="checkbox"/> Tentative <input type="checkbox"/> Confirmed	
Contract Holder: (Organization or individual that is booking)				User Name: (Unique name for organization or individual that is booking)	
Type of Organization or Individual: <input type="checkbox"/> Not for Profit <input type="checkbox"/> Commercial				Contract #: Unique Identifier for this booking IE. Year-USER-001)	
Contract Representative: (Individual with authority to book on behalf of the contract holder)			Address:		
Phone #s: T: C:			Email:		
Purpose of Use: <input type="checkbox"/> Maternal <input type="checkbox"/> Infant or Child <input type="checkbox"/> Community			Expected # of Participants:	Participant Profile: <input type="checkbox"/> Under age 19 <input type="checkbox"/> Single <input type="checkbox"/> New Immigrant <input type="checkbox"/> Aboriginal <input type="checkbox"/> Other: _____	
Describe the type of service you/your organization provides (see list on reverse):					
Space(s) Booked: <input type="checkbox"/> Clinic Room 1 <input type="checkbox"/> Clinic Room 2 <input type="checkbox"/> Clinic Room 3 <input type="checkbox"/> Family Room <input type="checkbox"/> Classroom				Number of Bookings:	
Day:	Date:	Start Time:	End Time:	Equipment Required: *WiFi Included <input type="checkbox"/> Tables Number: _____ <input type="checkbox"/> Chairs Number: _____ <input type="checkbox"/> Overhead Projector <input type="checkbox"/> 65" SMART board (Classroom Only) Add \$50/half-day or \$100/day to cost of booking <input type="checkbox"/> Clinical Supplies, Specify: <input type="checkbox"/> Other, Specify:	

Information collected on this form will be used for the purpose of processing the rental application and the management of TBC programs and will be collected and used in accordance with the provisions of the TBC's Privacy Policy. Questions regarding the collection of this information may be directed by calling the TBC Privacy Officer at (416) 366-8080.



The Toronto Birth Centre is a community-based facility serving Toronto communities by providing care and services to expectant mothers, infants, and families. In addition to Midwife assisted births, the Toronto Birth Centre has clinical and classroom space available for rent by both Insured and Uninsured service providers.

The following care providers are encouraged to provide to following services in this facility:

- a. Prenatal and postnatal midwifery care
- b. Primary health care provided by a primary care physician or nurse practitioner
- c. Reproductive health counselling and care
- d. Educational programs
- e. Lactation consulting
- f. Massage therapy
- g. Physiotherapy
- h. Naturopathy
- i. Acupuncture
- j. Nutritional counselling
- k. Traditional counselling (healing methods that use both a traditional and western approach to care)
- l. Chiropractic care
- m. Retail provision of maternal and baby supplies

Insurance:

Contract Holders may be required to obtain and maintain liability insurance coverage (insurance amount is dependent on the nature of the rental).

Attachments:

Schedule A – Rental Rates
Schedule B – Room Layouts

Please deliver complete applications using any of the following methods:

Hand deliver or mail: 525 Dundas Street West, 2nd floor, Toronto, ON M5A 3C2

Email: reception@torontobirthcentre.ca Fax: 416-366-8050