

Application Form - Breastfeeding Peer Supporter

Thank you for your interest in becoming a Breastfeeding Peer Supporter. Please could you complete the following and return it to the contact details below.

Name:

Address:

Post code: Home Tel no.: Mbl no.:

E-mail address:

(Please note your details will only be shared with the Breastfeeding Network and other breastfeeding peer supporters)

Please briefly outline your own breastfeeding experience and explain why you want to become a Breastfeeding Peer Supporter:

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Please outline where you hope to volunteer with us:

Maternity ward Antenatal clinics/classes Events and activities
 Breastfeeding group Telephone support Meetings/Discussion groups

Please outline which breastfeeding training courses and study days you have completed:

Title	Organisation	Start date	End date	Duration

Would you be interested in undertaking more training?

Please provide details of two people who can provide a character reference for you. They should have known you for at least 2 years and must not be a family member. Please seek the referee's consent to be used beforehand.

<p>Referee One</p> <p>Name</p> <p>Relationship to you</p> <p>Email Address</p> <p>Telephone number</p>	<p>Referee Two</p> <p>Name</p> <p>Relationship to you</p> <p>Email Address</p> <p>Telephone number</p>
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Thank you. We will be in touch with you again soon to arrange further training if required and to commence your induction process.

Diana West, Breastfeeding Peer Support Coordinator, The Royal Wolverhampton NHS Trust,
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