**REFERENCES: Ensure referee’s consent to be contacted beforehand.**

1. **Please provide the details of a friend or colleague who can provide a character reference for you. They should have known you for at least two years and not be a family member.**

**Name…………………………………………………………………………………….……………..………**

**Relationship to you………………………………………………………………...…………………….**

**Email address………………………………………………………………………………………………..**

**Contact telephone number…………………………………………………………….………………**

1. **Please provide details of your health visiting team or a related professional who would be willing to discuss your suitability for this role.**

**Name…………………………………………..………………………………………………………..………**

**Role & Work Base…………………………………………………………………...…………………….**

**Contact telephone number…………………………………………………………….……………….**

**Please send your completed form to Joanne Talbot at Charnwood Mill, Sileby Rd. Barrow on Soar LE12 8LR or hand it to your health visitor to pass on or if you are able to scan this, email it through to** [**joanne.talbot@leicspart.nhs.uk**](mailto:joanne.talbot@leicspart.nhs.uk)

**Thank you.**



**Breastfeeding Peer Supporter**

**Application Form**

**2013**

**Please note your details will only be shared for purposes of this recruitment.**

**Name:……………………………………………………………………….**

**Address:…..……………………………………………………………..…**

**Post code:………………………………………………………………….**

**Date of birth: .......................................................................................**

**Home telephone No:……….……………………………..………………**

**Mobile:………………………………………………………………………**

**Email address:…………………………………………………………….**

(Please note your details will only be shared for purposes of this recruitment).

**Name(s) and D.O.B of your child(ren)**

**………………………………………………………………….……………**

**………………………………………………………………………………**

**……………………………………………………………………………….**

**Please indicate how long you breast fed each child.**

Would you need a crèche place whilst attending the course? Y / N

Do you have your own transport? Y / N

Approximately how many hours a month could you offer to BRAS work?

**………………………………………………………………………………..**

**Please give us an idea your own breastfeeding experience and explain why you want to become a Breastfeeding Peer Supporter: (continue on separate sheet if necessary)**

**………………………………………………………………………………**

**……………………………………………………………………………….**

**……………………………………………………………………………….**

**……………………………………………………………………………….**

**……………………………………………………………………………….**

**……………………………………………………………………………….**

**……………………………………………………………………………….**

**……………………………………………………………………………….**

**……………………………………………………………………………….**

**……………………………………………………………………………….**

**……………………………………………………………………………….**

**……………………………………………………………………………….**

**……………………………………………………………………………….**

**……………………………………………………………………………….**

**………………………………………………………………………………**

**…………………………………………………………………………….**

**………………………………………………………………………………**

**……………………………………………………………………………….**

**………………………………………………………………………………**

**…………………………………………………………………………….**

**………………………………………………………………………………**

**The Charnwood BRAS offer support and breastfeeding promotion in many ways. Have a think about where your talents could be best used.**

Breastfeeding cafes / support groups, Telephone support, One to one home visits , Antenatal workshops, Extended feeding support group, Return to Work workshop, Regular group meetings and further training, Administration / website maintenance, Promotional events, Liaison with health professionals any other ideas ?

……………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………….