Please use the boxes below to tell us about your organisation. If you have additional staff contact details or other relevant information please add this at the end of the form.

Return this form by email [bfi@unicef.org.uk](mailto:bfi@unicef.org.uk)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **We would like to register the intention to implement the Unicef UK Baby Friendly Initiative standards for:** | | | | | | |
|  | **Maternity services** | | Trust name: | |  | |
|  |  | | Maternity unit name(s): | |  | |
|  | **Neonatal unit** | | Trust name: | |  | |
|  |  | | Neonatal unit name(s): | |  | |
|  | **Health visiting/public health nursing service** | | Trust/service name: | |  | |
|  | **Children’s Centres**  *(or equivalent early years settings in Wales, Scotland and Northern Ireland)* | | Trust/service name: | |  | |
|  |  | | Number of centres in cluster: | |  | |
|  | **Higher education sector** | | University name: | |  | |
|  |  | | Education programme: | |  | Midwifery |
|  |  | |  | |  | Health visiting/SCPHN |
| **Full address:** | | |  | | | |
| **Number of births per year**  **(if applicable):** | | |  | | | |
| **Infant feeding coordinator or other staff member with responsibility for Baby**  **Friendly implementation** | | | | | | |
| **Name:** | |  | **Job title:** |  | | |
| **Phone:** | |  | **Email:** |  | | |
| **Head of Service/Department or lead manager** | | | | | | |
| **Name:** | |  | **Job title:** |  | | |
| **Phone:** | |  | **Email:** |  | | |
| **Date:** | |  | **Signed:** |  | | |

*Please note: If no progress has been made towards Baby Friendly accreditation within two years, then registration will be removed.*

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