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Description automatically generatedLeader of Change Qualification Programme Application form**

Please read the overview of the Leader of Change Qualification Programme and information and FAQs ([unicef.uk/qualificationframework](http://unicef.uk/qualificationframework)) before applying and then follow the instructions at the end of this form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**: |  | | |
| **Job title:** |  | | |
| **Job role:** (please give a short description of your role & responsibilities) |  | | |
| **Email:** |  | | |
| **Organisation:** |  | | |
| **Have you previously applied for a Baby Friendly qualification?** | Yes / No (delete as appropriate)  If Yes please specify – which programme and year | | |
| **Please tell us why you want to do this course**  **(approx 400 words)** |  | | |
| **How do you think aligning with the Baby Friendly Standards supports/would support your organisation?**  **(approx 400 words)** |  | | |
| **Are you currently working in a service implementing Baby Friendly Standards** | Yes / No (delete as applicable)  If yes, please state level of accreditation: | | |
| **What experience relating to the Baby Friendly standards do you currently have?** | I have experience of Baby Friendly:  (please indicate in columns below) | | |
|  | Yes | No |
| Audit |  |  |
| Training |  |  |
| Policy / guideline development |  |  |
| Specialist service |  |  |
| Project management / support |  |  |
| Steering group (or equivalent) membership |  |  |
| Other (please expand) |  |  |
| **Please provide an example of where you have led change (approx 400 words)** |  | | |
| **Please list any other training or qualifications relevant to this programme that you’ve achieved:** |  | | |

**Please ensure the section below is completed with signatures:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Declaration** | | | |
| * *To the best of my knowledge the information provided in this application form is correct.* * *I have read and understood the course descriptions and overview document and believe that I am on the correct course for my level of experience.* * *I am willing and able to pay the course fees when requested, and understand that there is no refund or transfer of this place to another participant* * *I can confirm that there is nothing in my current work and personal circumstances that may prevent my participation in this eight-month programme starting January 2026* * *I do not have any conflicts of interest (e.g. in relation to the International Code of Marketing of Breastmilk Substitutes)* * *I am willing and able to participate in a virtual interview as part of the assessment* | | | |
| **Date:** |  | **Signature:**  (electronic signatures accepted) |  |
| **Verification signature from colleague or line manager (e.g. Head of Department / Service) as declaration of support for the applicant to commence course.** | | | |
| **Name:** |  | | |
| **Job title:** |  | | |
| **Date:** |  | **Signature:**  (electronic signatures accepted) |  |

**Sending in your application**

Before you return this form, please check you’ve completed all the sections and added signatures above.

* Then email your application to [bfiqualification@unicef.org.uk](mailto:bfiqualification@unicef.org.uk) and we will confirm receipt once your application has been logged. Check the website for the deadline date.
* Please also complete our equality monitoring form here: [www.surveymonkey.co.uk/r/bfiquals](http://www.surveymonkey.co.uk/r/bfiquals)

This is anonymous and not linked to your application but will help give us overall data on applicants.