



## Breastfeeding Friendly Premises Application Form

### Establishment Details

Organisation Name \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone number \_\_\_\_\_

Person Completing  
Questionnaire \_\_\_\_\_

Contact Person \_\_\_\_\_

**Do you welcome breastfeeding in the public areas of your establishment? (Please tick yes or no.)**

Yes  No

**Is there anywhere other than the toilet or washroom where mothers can breastfeed in private?**

Yes  No

If yes, please describe the facilities

If not, could you describe how you could support a woman who felt she needed some privacy to breastfeed.

**Do you have a written policy on breastfeeding?**

Yes  No

If yes, please enclose a copy

If no, would you be willing to accept the standard policy?

How do you plan to inform staff about the policy?