



Mother4Mother Peer Supporter Application

To be eligible for Peer Supporter training, you will need to have:

- Breastfeeding experience with at least one baby
- A desire to help other mothers to enjoy breastfeeding their babies
- A recommendation from a health care or community worker
- A current driver's licence
- A Police check

Please complete the form below and return it to P O Box 14021, Christchurch 8544, or email to janine.pinkham@waitaha.health.nz

Name: _____ Age: _____

Address: _____

Telephone: _____ Mobile Phone _____

Email: _____ Ethnicity: _____

Are you employed? Yes/No Employer: _____ Position: _____

I _____ agree to undergo a Police Check.
(name)

Signed: _____ Date: _____

Name(s) and date(s) of birth of your children: _____

Have you breastfed your children? Yes/No If yes, how long for? _____

Are you breastfeeding now? Yes/No Your breastfeeding baby is welcome at training sessions

Are you fluent in any other languages? If yes, which one(s): _____

Do you have transport to attend training sessions? Yes/No

What areas of Christchurch/Canterbury are you willing to cover? Circle all that apply:

Christchurch City: North South East West

Suburb/s: _____

Selwyn Waimakariri Banks Peninsula Amberley Ashburton Rakaia

Other: _____



Please write some notes about your reasons for applying to do the Peer Supporter training course:

1. Why do you think breastfeeding is important for mothers and babies?

2. Why do you think it is important to have someone to talk with when learning to breastfeed?

3. Have you ever helped another mother to breastfeed? If so, how did you help?

4. Why are you interested in being trained as a breastfeeding Peer Supporter?

If you have any queries please note them on another page.

Thank you for your interest – Janine Pinkham, Peer Support Administrator