

Guidelines -Completing your application

Please use these guidelines to familiarize yourself with what information is required before proceeding with the online application. After registering with the Baby Café USA website, you will receive an email with a link to access the Online Application Form. This may take a few days. Meanwhile, use these guidelines to gather your requirements.

When you have assembled all the information required for the application, open the online application form and proceed with filling it out. The form should only take 15-20 minutes to complete if you have the relevant information on hand.

There are **six steps** for the online application and **all steps need to be completed in one session**. If you stop before completing the final step your input will be lost and you'll need to re-enter the information.

Items that are marked with an asterisk * will appear as part of your entry on the Baby Café website www.babycafeusa.org

The application information is used to assess suitability for a Baby Café service, to provide core data to enable evaluation of the services and to ensure the service is staffed appropriately to protect and safeguard all staff, volunteers and service users.

If you need any further help you can email admin@babycafeusa.org, Lucia@babycafeusa.org, or call 781-507-1980 9-5 EST; voicemail available at other times

Step 1 of 6

Name and email address: So that we can contact you if there are any questions about the application.

Details will not be supplied to third parties but may be used internally by Baby Café staff. Data protection legislation is complied with.

Please ensure you have read our web page Guidelines: Preparing to apply

<http://www.babycafeusa.org/guide-to-application.html> and that you agree to the License Agreement terms, available to download from that page.

Step 2 of 6



USA

Baby Café Facilitator details

The Baby Café Facilitator is the person who:

- Is responsible for the Baby Café drop-in
- Is present at the majority of the Baby Café sessions
- Is the main point of contact with Baby Café head office

*Name:

Full name of the proposed Baby Café Facilitator

*Job title:

Examples include:

IBCLC, Midwife, CLC, Registered Nurse, Lactation Program Coordinator, Family Support Worker, Community Health Clinic Worker, Children's Center Manager, Community Social Worker, Breastfeeding Peer Counselor (please specify whether WIC, LLL, or other trained) Breastfeeding Coordinator

Organization the facilitator works for:

Address:

This is the postal correspondence address where Baby Café head office can send postal communication. Please include the zip code.

Tel No:

Telephone and or mobile number for the facilitator

E-mail address:

This should be the e-mail account the facilitator accesses most often. Baby Café will communicate most often by e-mail with updates on clinical and health professional developments, new resources and organizational developments.

Academic qualifications:

Please specify the facilitator's highest level of academic qualification.

Drop-down menu:



College

Postgraduate study

Doctorate

Other -specify

*Breastfeeding qualifications:

Please specify whether the facilitator has any of the following qualifications

IBCLC

LLL Leader

Certified Lactation Counselor

WIC Peer Counselor

Nursing Mother's Council

CLE

Other -specify

Other qualifications & further training:

Please specify which other qualifications the facilitator holds and/or courses attended relevant to further professional development in supporting breastfeeding women and their families, e.g.

IBCLC International Board of Lactation Consultant Exam

Nursing Mother's Council

La Leche league

WIC Peer Counselor Training program

CLE

Midwife

Maternity RN

Doula



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Other – please specify

Experience supporting breastfeeding mothers:

Please choose the category which best describes the facilitator's level of experience.

6-12months

1-3years

3-5years

5-10years

10years

If the facilitator has previous experience of working within a Baby Café, please specify Baby Café name and length of time working within it.

Step 3 of 6

Stand-in to cover holidays/absence

Please give details about who will cover the sessions in your absence from time to time:

Name: Full name of the proposed stand-in Baby Café Facilitator

Job Title, Tel no. and E-mail address: As per step 2

Breastfeeding qualifications & professional development in breastfeeding: (selections as per step 2)

Other staff

Please specify what other staff members are involved in the delivery of the service.

Options listed are:

Trained breastfeeding counselors

Trained peer supporters

Health center staff

General volunteers (helping with meeting/greeting moms, teas/coffees/setting up/clearing)

Other staff (please specify)





USA

How many team members are paid? _____

How many team members are volunteers? _____

Step 4 of 6

Baby Café cluster

If the Baby Café service is part of a group of drop-ins under Baby Café branding, please include the cluster name and details of the Project Leader (name, position, telephone no and e-mail address).

Details of your proposed Baby Café

***Baby Café Name: Please choose a name that will distinguish it from other Baby Café services in the area and enable mothers to more accurately identify the location.**

Most names prefix Baby Café e.g., Melrose-Wakefield Baby Café ; Melrose-Wakefield Baby Café Malden Site ; Calhoun County Baby Café

*Venue:

The venue details where the Baby Café session will be held.

Please include the complete postal/zipcode details so we can create a map link on your website page.

*Telephone and e-mail:

These are the details you would like published on your web page so mothers can contact you to find out more.

Please select the venue type – drop down menu:

Family Health center

Community hall/meeting space

Church hall

Public health/education room

Hospital Site

WIC Office

Private sector

Other (please specify)



Proposed launch details

*Date first open to the public: You may choose to open the Baby Café but have a launch on a later date

*Launch event:

Please include details of the public launch, e.g. Local celebrity/councilor/Baby Café co-founder to open

Cake cutting ceremony , Ribbon-cutting ceremony

*Baby Café opening times

Please include day of the week and opening times (a Baby Café session is typically a couple of hours long).

*Provision – drop down menu options:

Available all year round (except public holidays)

Available school year only

Other (please specify)

NB: The license fee is an annual fee and there are no reductions for part-time service provision.

Step 5 of 6

Finance contact

Please provide contact details for your accounts department or person responsible for payments. We will send our initial registration invoice and annual renewal invoices to this contact.

Name: Person who processes the invoice

Address: Invoicing address, including zipcode

Tel No & E-mail address:

Purchase order number:

If you have a purchase order number available please specify, or alternatively list the name of the person processing the invoices.

If this Baby Café part of a WIC program, please include reference details.

Funding



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Source of funding — drop down menu:

Obesity Grant

CDC Grant

Charity

Health Center

Community grant

Department of Health

Donations

Fundraising

Health boards

Local council

Hospital

Private sector

Other (please specify)

Step 6 of 6

Links to health care services

Why we need this information

1. Clinical, public health and social issues that arise during a Baby Café session need to be promptly and appropriately dealt with. These may include referral and/or follow-up with other health and social care services. It is vital that Baby Café staff can demonstrate effective partnership working, to safeguard mothers and babies accessing a Baby Café.
2. Health professionals provide frontline services to all families throughout the year and are ideally placed to refer parents to a Baby Café service.

Please give details about how mothers accessing the drop-in will be referred and describe the links with local health professionals. Here are some examples:



I am employed as a clinician in the hospital, have the appropriate referral skills and will refer directly.

•

The venue has links into the health service and has a designated IBCLC who we liaise with

•

The venue has links and referral pathways to community health care through the local WIC office or Community Clinic

•

Our team is made up of representatives from the health service as well as breastfeeding counseling services.

•

We meet regularly in a problem solving clinic and can evaluate and review on a regular basis

•

We are part of a health provider group that meets regularly

•

We work closely with the visiting nurse partnership/WIC who can refer

If this Baby Café service is part of Baby Friendly initiative in the Community in your area please tick the checkbox.

Other services provided by your Baby Café

Examples of other supporting services related to breastfeeding include:

Resources table with information leaflets, books/DVDs to loan

Breast pump loan

Maternity bra fitting

Telephone helpline

Facebook group

Peer counselor training program

Desired outcomes



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Please tell us what you expect to achieve by setting up the Baby Café service, e.g.

Increased local breastfeeding rates at 6-8 weeks

Increased attendance at drop-in from mothers within a particular geographical area

Increased breastfeeding rates/attendance among young mothers in the area

Regularly have prenatal mothers attending

Develop collaborative working relationships between health professionals and those working in the community and voluntary sector.

Any other information

Anything else you would like to tell us about your application.

Submit your application!

A confirmation e-mail will be automatically sent to the address given in step one.

We will get in touch with you directly as soon as possible after that with any clarification needed, and then you will receive a letter of approval.

Baby Café USA Team

