



NAME OF YOUR GROUP HERE

- ***ARE YOU A GOOD LISTENER?***
- ***DID YOU BREASTFEED YOUR BABY(IES)?***
- ***WOULD YOU LIKE TO UNDERGO TRAINING TO SUPPORT OTHER MUMS TO BREASTFEED THEIR BABIES?***

IF THE ANSWER TO THESE QUESTIONS IS 'YES!' THEN YOU MAY BE INTERESTED IN HELPING US FORM A.....

BREASTFEEDING PEER SUPPORT GROUP AT
(insert Children's Centre address)

PLEASE CONTACT:

A contact name here (someone who is willing to gather names of people interested in training).

Telephone: preferably a mobile of a 'lead' person who can talk about the sort of commitment needed

- DBS checks
- Breastfeeding Peer Support training
- Child protection training
- work as part of a team to help set the group up
- and what the role of a Peer Supporter is....

or maybe link to [Real Baby Milk - Designed by nature, made by mum](#)