**Application Form for Founders Award**

Full Name:

Address:

Telephone:

Email Address:

1- What are your current experiences and role in supporting breastfeeding families?

2- Are you part of protected characteristics under the Equality Act 2010? Yes / No (*please specify*)

3- If you are working in an area with low breastfeeding rates/social deprivation/health inequalities, please provide brief details.

5- Please share your reasons for applying for this award

6- How would this award benefit you?

7- When do you anticipate taking the IBLCE exam?

To maintain impartiality, the award panel will be reviewed and score applications anonymously.

Please send your completed form to: info@lcgb.org

Founders Award V5NOV2020