

**Deborah Robertson’s
BREASTFEEDING SPECIALIST COURSE**

[**www.breastfeedingspecialist.com**](http://www.breastfeedingspecialist.com)

**Questions for those applying for a place on the taster session
on Saturday 20th July 2024, 9am – 1pm**

* Type your answers to Qs 1-21 into the form.
* Save it as a Word doc with the name: *Your name – Taster application*
* Attach it to an email with the subject line: *Your name – Taster application*
* Send it to Deborah Robertson: deborahruk@yahoo.co.uk
* Send it from your own email address that you intend to use for the course (even when on leave).
* By following these directions, you show that you have basic IT skills needed on the course!

|  | **QUESTION** | **ANSWER** |
| --- | --- | --- |
| 1 | Your NAME  |  |
| 2 | What is your health professional /allied worker &/or volunteer role in the breastfeeding world? |  |
| 3 | QUALIFICATION or TRAINING to work within lactation. |  |
| 4 | HIGHEST LEVEL of academic qualification (not lactation-specific). |  |
| 5 | PHONE / Mobile |  |
| 6 | EMAIL (The ACTUAL one you’ll use for the course, even on annual leave.) |  |
| 7 | Do you intend to work for the course diploma but NOT take the IBLCE exam? **(If YES, skip Qs 8–11)** |  |
| 8 | Will you be a CANDIDATE for the Lactation Consultant Exam? (**If NOT, skip to Q 12.)** |  |
| 9 | What YEAR?  |  |
| 10 | IF you do intend to sit the LC exam, please confirm that you have checked out your **eligibilit**y as detailed by IBLCE on their own website: : <https://ibclc-commission.org/step-1-prepare-for-ibclc-certification/lactation-specific-clinical-experience/pathway-1/>  |  |

|  | 1. Are you a recognised health professional OR have you ALREADY completed all the required all 14 **Health Sciences Education**

<https://ibclc-commission.org/step-1-prepare-for-ibclc-certification/health-sciences-education-2/>  |  |
| --- | --- | --- |
|  | 1. By the START of the course, will you already have **1000 hours lactation specific clinical practise** for Pathway 1 since you qualified?

<https://ibclc-commission.org/step-1-prepare-for-ibclc-certification/lactation-specific-clinical-experience/>  |  |
| 12 | Which course do you anticipate applying for:1. Only Saturdays via Zoom
2. Only Tuesdays at Chatham, Kent
3. Either, depending on places remaining unfilled.
 |  |
| 13 | Can you confirm that they can make each of the DATES on which the twelve study days happen? (You can miss just ONE if you have a dates clash but the first day is compulsory and cannot be missed.) |  |
| 14 | If doing Zoom, do you have a **RELIABLE internet connection and a computer** (not phone or tablet)? An Application Form will only be issued to those who demonstrate this at the Taster Session! |  |
| 15 | How would your course place be **PAID FOR?** (Funded by employer/charity, or self-funded)  |  |
| 16 | **HAVE YOU READ** the entire document *‘Information, Key Dates, Booking Conditions & Breastfeeding Specialist Course Arrangements, 2025’* and will you have it available to refer to at the Taster Session? |  |
| 17 | Do you intend to sample the course HOMEWORK by reading the selected chapter and attempting its online multiple-choice questions? |  |
| 18 | Do you have any initial QUESTION or something of which you’d like to make Deborah aware? |  |
| 19 | Do you wish to APPLY for a place on the Taster Session and to request the Zoom link, on the understanding that it is just for you and not to be shared? |  |
| 20 | Signed (typed is acceptable) |  |
| 21 | Date |  |