

Breastfeeding Community Mentor Training

EXPRESSIONS OF INTEREST

The Greater Shepparton Breastfeeding Workgroup is currently accepting Expressions of Interest for the following:

Community Breastfeeding Mentoring (10170NAT) is a nationally recognised short course which will be facilitated by the Australian Breastfeeding Association (ABA). The course is designed to teach mentoring skills and basic breastfeeding information to people who support breastfeeding in the community.

The course covers:

- mentoring skills such as
 - active listening
 - o empathy
 - cultural respectconfidentiality

 - o encouragement and support
 - where to refer mothers for further support
- breastfeeding knowledge such as
 - the importance of breastfeeding
 - o the establishment and maintenance of breastfeeding
 - o 'normal' infant behaviours
 - Identifying common breastfeeding problems and inaccurate breastfeeding information.

The Australian Breastfeeding Association delivers this course as an interactive workshop with small group learning activities.

This is a two day workshop: all participants attending the two day workshop will receive a certificate of attendance. Participants who also successfully complete the integrated workshop assessments will receive a nationally recognised statement of attainment for the course.

There is an expectation that participants will work with one of the organisations represented on the workgroup in a volunteer capacity following on from the training, for more information about this please contact Breastfeeding Project Officer, Kristie Welch on (03) 5832 9783 or email kristie.welch@shepparton.vic.gov.au.

If this interests you please complete the following Expression of Interest form and submit to:

kristie.welch@shepparton.vic.gov.au

or hand deliver to Council Offices, 90 Welsford Street Shepparton before Friday 7th April 2017.





Breastfeeding Community Mentor Training

EXPRESSION OF INTEREST

| Name: | | |
|--|--|--|
| Address: | | |
| Town, State and | | |
| Postcode: | | |
| Mobile/ Phone Number: | | |
| Mobile/ Phone Number. | | |
| | | |
| 1. Please provide details of your own breastfeeding experience: | | |
| | | |
| | | |
| | | |
| | | |
| 2. How do you envisage you will use the skills you learn throughout this training? | | |
| | year and a second year and a second s | |
| | | |
| | | |
| | | |
| 2. Who will now wood likely own out? | | |
| 3. Who will you most likely support? | | |
| | | |
| | | |
| | | |
| | | |
| 4. What format would suit you best (please tick)? | | |
| | | |
| (Day 1 Information and learning | n, Day 2 Refresh learning and assessment) | |
| ☐ 2 split days, 1 da | ly each week on the same day eg. Two weeks on a Tuesday | |
| ☐ 2 consecutive weekdays, eg. Tuesday and Wednesday of 1 week. | | |
| ☐ 2 consecutive days on a weekend, eg. Saturday and Sunday | | |
| □ 2 consecutive days on a weekend, eg. Saturday and Sunday | | |
| C. Asthis is a serves that | was wines an accessment on day 2 was would an accompany to | |
| 5. As this is a course that requires an assessment on day 2 we would encourage you to | | |
| find your children care for these days, if this is not possible please provide details | | |
| regarding your children below; | | |
| Children attending? YES/ NO please specify ages below | | |
| omarch attending. Tee, the please specify ages below | | |
| | | |
| | | |

Please submit this form to: kristie.welch@shepparton.vic.gov.au or hand deliver to Council Offices, 90 Welsford Street Shepparton.