

Application

Baby Café Facilitator

(this person will receive all communications from BCUSA- email and postal mail- this may, or may not, be the actual person running the Café sessions. This person will also be sent the password to access the web page and resource bank)

Name:

Job Title:

Organization:

Address:

Tel:

Mobile:

Email:

Education:

Qualification:

Further Training:

Length of Experience:

Other Staff- Backup Facilitator (there may be co-faciltators listed here)

Name:

Job Title:

Tel:

Email:

Qualification:

Other Staff

Other Staff:

No of Paid Staff:

No of Voluntary Staff:

Baby Cafe Details (Name must include the words Baby Café- Venue should have open community access ie; church, library, health center, hospital, coffee shop)

Baby Café Name:

Venue:

Type of Venue:

Address:

Tel:

Email:

Opening Times (usually once a week for 2 hrs)

Date first open to public:

Grand Opening Event:

Day/s of Week Open:

Open Times:

Other:

Cluster Details (up to 5 separate sites, sharing the same name- separate applications for each one under the "Lead Café")

Cluster Name:

Cluster Leader:

Finance Contact (this person receives the invoices)

Name:

Address:

Tel:

Email:

Funding

Source of Funding:

Total Annual Budget:

Links to healthcare services

We need to ensure that you can refer mothers attending your Baby Café to other health services and clinicians when necessary. Please say how you will do this:

The Baby Café service is part of a Baby Friendly organization?_____

Other services provided by your Baby Café

What other supporting services do you plan to provide?

Desired outcomes

What do you expect to achieve by setting up your new Baby Café?

Any other information- such as:

Do you have funding for the complete first year? Do you have strong prospects for future funding and can you please identify? Please identify any sponsoring organization/group and if it is a non-profit organization? Is there anything else you would like to tell us about your application?