

# NOSH

Vouchers for  
Breastfeeding



CLAIM  
FORMS

**Claim Forms for when your baby is;**

<b>2 days old</b>	<b>Vouchers worth £40</b>
<b>10 days old</b>	<b>Vouchers worth £40</b>
<b>6 weeks old</b>	<b>Vouchers worth £40</b>
<b>3 months old</b>	<b>Vouchers worth £40</b>
<b>6 months old</b>	<b>Vouchers worth £40</b>

# CLAIM FORM 1 – Baby is 2 days old

## PART A: YOU (MUM)

Your name ..... Baby's date of birth ..... /..... /.....

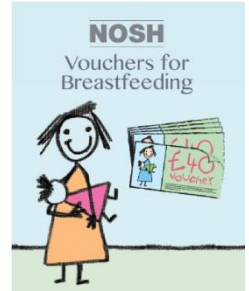
I confirm that my baby is receiving breast milk  (Tick)

Your signature ..... Today's date ..... /..... /.....

***If your address, phone number or email has changed please write here:***

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**Ask your Midwife, Health Visitor or other Healthcare Provider to complete PART B. Please send in the FREEPOST envelope (Freepost Plus RTEG-YZZY-JSKR, NOSH Office, North campus, Broad Lane, Sheffield, S3 7HQ) WITHIN 1 MONTH of your baby being 2 DAYS old. NO STAMP NEEDED. Enquiries: NOSH Office 0330 123 0188 or [noshoffice@sheffield.ac.uk](mailto:noshoffice@sheffield.ac.uk)**



## PART B: YOUR MIDWIFE, HEALTH VISITOR, OR OTHER HEALTHCARE PROVIDER

Your Name.....

Your profession (please circle): Midwife / Health Visitor / Other (describe)

.....

Your work address.....

.....Postcode ..... Tel.....

I am advised by .....that she is breast feeding and I am signing this form on that basis  (Tick)

AND  
I have discussed breastfeeding with mum today  (Tick)

Your signature .....

Today's date ..... / ..... / .....

Office use only:

ID		Site	
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# CLAIM FORM 2 – Baby is 10 days old

## PART A: YOU (MUM)

Your name ..... Baby's date of birth ..... /..... /.....

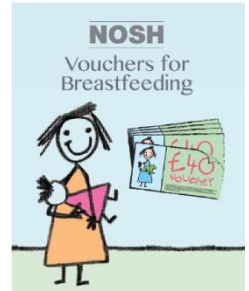
I confirm that my baby is receiving breast milk  (Tick)

Your signature ..... Today's date ..... /..... /.....

***If your address, phone number or email has changed please write here:***

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**Ask your Midwife, Health Visitor or other Healthcare Provider to complete PART B. Please send in the FREEPOST envelope (Freepost Plus RTEG-YZZY-JSKR, NOSH Office, North campus, Broad Lane, Sheffield, S3 7HQ) WITHIN 1 MONTH of your baby being 10 DAYS old. NO STAMP NEEDED. Enquiries: NOSH Office 0330 123 0188 or noshoffice@sheffield.ac.uk**



## PART B: YOUR MIDWIFE, HEALTH VISITOR, OR OTHER HEALTHCARE PROVIDER

Your Name.....

Your profession (please circle): Midwife / Health Visitor / Other (describe)

.....

Your work address.....

.....Postcode ..... Tel.....

I am advised by .....that she is breast feeding and I am signing this  
form on that basis  (Tick)

AND

I have discussed breastfeeding with mum today (Tick)

Your signature .....

Today's date ..... / ..... / .....

Office use only:

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# CLAIM FORM 3 – Baby is 6 weeks old

## PART A: YOU (MUM)

Your name ..... Baby's date of birth ..... /..... /.....

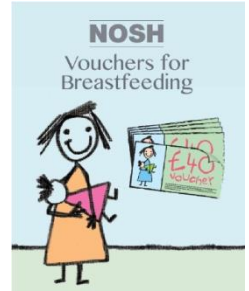
I confirm that my baby is receiving breast milk  (Tick)

Your signature ..... Today's date ..... /..... /.....

***If your address, phone number or email has changed please write here:***

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**Ask your Midwife, Health Visitor or other Healthcare Provider to complete PART B. Please send in the FREEPOST envelope (Freepost Plus RTEG-YZZY-JSKR, NOSH Office, North campus, Broad Lane, Sheffield, S3 7HQ) WITHIN 1 MONTH of your baby being 6 WEEKS old. NO STAMP NEEDED. Enquiries: NOSH Office 0330 123 0188 or noshoffice@sheffield.ac.uk**



## PART B: YOUR MIDWIFE, HEALTH VISITOR, OR OTHER HEALTHCARE PROVIDER

Your Name.....

Your profession (please circle): Midwife / Health Visitor / Other (describe)

.....

Your work address.....

.....Postcode ..... Tel.....

I am advised by .....that she is breast feeding and I am signing this form on that basis  (Tick)

AND

I have discussed breastfeeding with mum today  (Tick)

Your signature .....

Today's date ..... / ..... / .....

Office use only:

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# CLAIM FORM 4 – Baby is 3 months old

## PART A: YOU (MUM)

Your name ..... Baby's date of birth ..... /..... /.....

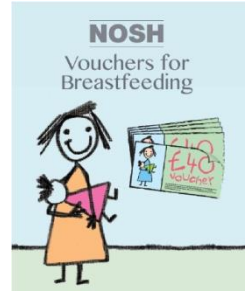
I confirm that my baby is receiving breast milk  (Tick)

Your signature ..... Today's date ..... /..... /.....

***If your address, phone number or email has changed please write here:***

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**Ask your Midwife, Health Visitor or other Healthcare Provider to complete PART B. Please send in the FREEPOST envelope (Freepost Plus RTEG-YZZY-JSKR, NOSH Office, North campus, Broad Lane, Sheffield, S3 7HQ) WITHIN 1 MONTH of your baby being 3 MONTHS old. NO STAMP NEEDED. Enquiries: NOSH Office 0330 123 0188 or noshoffice@sheffield.ac.uk**



## PART B: YOUR MIDWIFE, HEALTH VISITOR, OR OTHER HEALTHCARE PROVIDER

Your Name.....

Your profession (please circle): Midwife / Health Visitor / Other (describe)

.....

Your work address.....

.....Postcode ..... Tel.....

I am advised by .....that she is breast feeding and I am signing this form on that basis  (Tick)

AND

I have discussed breastfeeding with mum today  (Tick)

Your signature .....

Today's date ..... / ..... / .....

Office use only:

ID		Site	
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# CLAIM FORM 5 – Baby is 6 months old

## PART A: YOU (MUM)

Your name ..... Baby's date of birth ..... /..... /.....

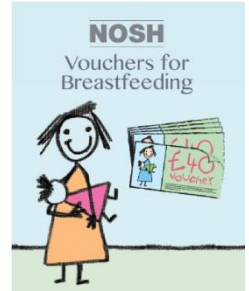
I confirm that my baby is receiving breast milk  (Tick)

Your signature ..... Today's date ..... /..... /.....

***If your address, phone number or email has changed please write here:***

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**Ask your Midwife, Health Visitor or other Healthcare Provider to complete PART B. Please send in the FREEPOST envelope (Freepost Plus RTEG-YZZY-JSKR, NOSH Office, North campus, Broad Lane, Sheffield, S3 7HQ) WITHIN 1 MONTH of your baby being 6 MONTHS old. NO STAMP NEEDED. Enquiries: NOSH Office 0330 123 0188 or noshoffice@sheffield.ac.uk**



## PART B: YOUR MIDWIFE, HEALTH VISITOR, OR OTHER HEALTHCARE PROVIDER

Your Name.....

Your profession (please circle): Midwife / Health Visitor / Other (describe)

.....

Your work address.....

.....Postcode ..... Tel.....

I am advised by .....that she is breast feeding and I am signing this  
form on that basis  (Tick)

AND  
I have discussed breastfeeding with mum today  (Tick)

Your signature .....

Today's date ..... / ..... / .....

Office use only:

ID		Site	
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