**Baby Friendly Hospital Initiative:**

**Registration Form:**

The hospital administration is interested in participating in the Baby-Friendly hospital initiative (BFHI).

Hospital Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Governorate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of hospital’s CEO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E- mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_

Number of births per year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maternity services /Number of beds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Neonatal unit/ Number of beds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have additional details or other relevant information, please add this at the end of the form.

Date: \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_

*Kindly return this form by email to*

*motherchild@moph.gov.lb* ***and****sharb@iocc.org*