

**Request Form for log in username and password for
Self-Learning Kit on Breastfeeding for Health Professionals**

Attn: Nursing Officer
Family Health Service, Department of Health

Fax no.: 2574 8977

Email: breastfeeding.fhs@dh.gov.hk

~~~~~  
**Name: Prof / Dr / Mr / Ms \*** \_\_\_\_\_ *(please delete as appropriate)*

**Email:** \_\_\_\_\_

**Type of Professional:**

|                                 |                                |                                  |
|---------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Nurse | <input type="checkbox"/> Others: |
|---------------------------------|--------------------------------|----------------------------------|

**Specialty:**

|                                    |                                     |                                  |                                  |
|------------------------------------|-------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Obstetric | <input type="checkbox"/> Paediatric | <input type="checkbox"/> General | <input type="checkbox"/> Others: |
|------------------------------------|-------------------------------------|----------------------------------|----------------------------------|

**Professional Organisation (e.g. Academy / College):**

|                        |
|------------------------|
| <i>(If applicable)</i> |
|------------------------|

**Practising Organisation:**

|                                      |                                           |                                           |                              |                                     |
|--------------------------------------|-------------------------------------------|-------------------------------------------|------------------------------|-------------------------------------|
| <input type="checkbox"/> HA Hospital | <input type="checkbox"/> Private Hospital | <input type="checkbox"/> Private Practice | <input type="checkbox"/> NGO | <input type="checkbox"/> DH Service |
| <input type="checkbox"/> University  | <input type="checkbox"/> Others:          |                                           |                              |                                     |