

Request Form for a Cuddle Cot



Please fill out the form below and email to:
emerikuslandfoundation@gmail.com

Hospital Name : _____

Address : _____

Contact Person : _____

Phone: _____

Area cot will be used: _____

Is there currently a cuddle cot in any wards of your hospital :

If a donation is made to your hospital would you have staff available for an in service training session:

Estimated number of births per year: _____

How did you hear about us: _____

We will do our very best to fulfill every request but sometimes it can take a little longer than we expect.

Thank you for your request we will be back in touch with you as soon as possible.

Emerikus Land Foundation