P.S. A.C.S.T. C.C.S.T. Sleep Clinic
Specialist Behavioural Services

City of Bradford MDC
www.bradford.gov.uk

Specialist Behavioural Services
Valley View House (school side)
Lister Lane
Bradford
BD2 4LL
Tel. 01274 436684
Team Manager: Naina Hayaat

# SLEEP WORKSHOP
## REFERRAL F O R M

### BASIC INFORMATION

| | |
|---|---|
| Date: | Referrer(if not Parent or carer)<br><br>Address:<br>Tel number: |

### INFORMATION ABOUT PARENTS/CARERS

| | | |
|---|---|---|
| **Parent/ Carer** | Relationship to child: | |
| Title: | Name: | |
| Ethnicity: | Religion: | Preferred Language: |
| Home Tel: | Mobile: | Email: |
| **Parent/Carer** | Relationship to child | |
| Title: | Name: | |
| Ethnicity: | Religion: | Preferred Language: |
| Home Tel: | Mobile: | Email: |

### ADDRESS INFORMATION

Address:

Post Code:

| **Do you have a disability or is there additional Information you want to provide to help you attend a workshop: (i.e. access to a lift, literacy support)** | | | |
|---|---|---|---|
| | | | |
| **PREFERENCE FOR WORKSHOP** | | | |
| Bradford ☐ | Keighley ☐ | Day ☐ | Evening ☐ |
| English speaking ☐ | Urdu speaking ☐ | | |
| **CHILD'S INFORMATION** | | | |
| Name: | | Date of Birth: | |
| Gender: | | ICS No: | |
| Diagnosis: | | Ethnicity: | |
| Religion: | | Name of School: | |
| **GP INFORMATION** | | | |
| GP Surgery | | Telephone Number | |
| Address | | | |
| **ADDITONAL INFORMATION** | | | |
| **Does your child have any current sleep issues? YES / NO**<br><br>**Please provide details of sleep issues:** | | | |

| |
|---|
| **What would you like to gain from attending a sleep workshop?** |
| **Any other Comments / Information:** |
| **RETURN FORM** |
| **PLEASE FORWARD ALL REFERRALS TO:**<br>**Elaine Woodley**<br>**ADDRESS:**<br>**Valley View School Side,**<br>**Lister Lane**<br>**Bradford BD2 4LL**<br>**EMAIL: Elaine.woodley@bradford.gov.uk** |