Application for Sleep Referral via the Short Breaks Team

**Contact the Sleep Team**

**Sleep Service**

In Waltham Forest, we have commissioned sleep practitioners, 2Sleep, who can provide practical help to support families and professionals working with families who have a child with a sleep issue. They look at the behavioural and environmental reasons for sleep concerns.

For those families who need it, they can offer 1:1 support, working with them to develop a plan to tackle sleep issues they may have and supporting them to implement the plan.

Both 2Sleep practitioners have children/young people with additional needs and have experienced sleep issues themselves and know from personal experience with their own children how difficult it can be living with a child/young person who has a sleep problem.

**Before referring to the sleep service, has the family looked on the sleep page of the Local Offer website to see if the strategies suggested there can help first?**

[**Sleep | London Borough of Waltham Forest**](https://www.walthamforest.gov.uk/schools-education-and-learning/local-offer-special-educational-needs-and-disability-send/health-services-children-and-young-people/sleep)

**Parent/Carer Referral**

Please fill in our referral form to let us know a little bit about your child’s/young person’s sleep problem.

Referral forms will be screened by the short breaks’ panel.

If you just have a question/query about our Sleep Service, then you can email us at [shortbreaks@walthamforest.gov.uk](mailto:shortbreaks@walthamforest.gov.uk) and the team will respond to your enquiry as soon as we can.

"\*" indicates required fields

**Do you give consent for your details to be shared with the Sleep Team?** \*

Yes, I give consent

**About You**

**Parent’s/Carer’s Name**\*

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If more than one child in the family needs sleep support, please complete a separate application form for each child/young person**

**Child's/Young Person’s Name**\*

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What additional needs does your child/young person have? (e.g. they are autistic, are non- speaking, have ADHD, sensory needs)** \*

**Tell us about your child's/ young person’s sleep problems\***

**Have you previously tried any strategies to help with your child’s/young person’s sleep concerns? If yes, what have you tried?**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for the referral. We will be in touch

**What happens next**:

The application will be sent to the short breaks’ team who will make a decision about whether to accept the referral.

They will let you know the decision and a letter will be sent to you.

**Accepted Referrals:**

If the referral is accepted**,** you will be asked to complete a sleep diary, and your details will be sent to the Sleep Team.

The assigned practitioner will then arrange a telephone consultation with them and will give support over the phone or via Teams/Zoom call. If needed they can do a home visit.

**If not accepted:**

If your referral is not accepted, you will be informed about the steps you can take to find support.