**MHST Incredible Years Course Application Form (4-12 years old)**

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| --- | --- |
| **Today’s Date:** |  |

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| --- |
| **Referrers Details:** |
| Referrers Name:  |  Service details:  |
| Telephone No:  | Email: |
| Other services involved: |

|  |
| --- |
| **Family Details:** |
| Name of child:  | Date of Birth: | Age: |
| Address:  Postcode:  |
| Who lives at home: (name and age) |
| GP Name  | GP Telephone No: |
| Name of school: | Name of key worker: |

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| **Child’s details**  |
| What are the particular worries or concerns about your child? |
| Does this child have a specific diagnosis? |
| Is there anything else you think we should know? |

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| **Parents’ Consent** |
| Print Name: |  Relationship to Child:  |
| Signature: |
| Address (if different to above):  Postcode: |
| Telephone No: | **Email:** |

Once completed and signed by parent please return to: iymhst@bdct.nhs.uk

Contact number: 07525 872287

Majda Amin

Senior Mental Health Practitioner – Parenting Interventions

Bradford East, Bradford South, Keighley and Craven

We will be in touch with you as soon as we can offer you a place on a group.

**For Office Use only:**

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| --- | --- |
| Initial Contact date |  |
| Discussion |  |
| Outcome |  |