



SLEEP SCOTLAND CHILD REGISTRATION FORM

Please fill in both sides, sign & return to: Sleep Scotland, 18G Liberton Brae, Edinburgh, EH16 6AE

Child information	
First name	Last name
Address	
	Postcode
Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Does your child have a diagnosis?	
Is your child on any medication?	
School/nursery	
Number of siblings	Does your child have their own bedroom? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are other agencies involved (for example health professionals, social work)?	

Parent / carer information
Name
Phone number
Email address

About your child's sleep

Are the sleep problems

 Settling Night waking Early morning waking

Please briefly describe the sleep problem. For example, how long it has lasted, what your child does and how it affects them and the family.

Would you be interested in sleep support by phone? Yes No

How we use and store your information

The information on this form will be stored in line with our privacy policy which you can view on our website at www.sleepscotland.org/privacy-policy/

Do you consent to this? Yes No

Signature of parent / carer

Date

Please return to:
Sleep Scotland
18G Liberton Brae
Edinburgh
EH16 6AE

Phone: 0131 258 1258
Email: sleepsupport@sleepscotland.org