**Information Letter**

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|  | The Children and Mental Health Service Learning Disability (CAMHS-LD) team want to **improve the information** they give to children and families, whilst they are waiting to be seen. |
|  | **Sleep** is one of the main problems that families want help with. |
|  | We would like to develop **on-line self-help resources** that are accessible to all. |
|  | The online resources could include:   1. An information **film** for families, 2. An **animation** for children, 3. Easy Read **information sheets and** 4. **Communication resources.** |
|  | We would like to develop these resources in **partnership** with people who have lived experience. |
|  | If you have had help with **sleep** from the CAMHS-LD team, we would like to hear from you. |
|  | If you are interested in working with us on this project, please complete the **‘I’d like to help’** form. |
|  | This form will be shared with the project lead **Clare Mander** (Clinical Lead for Accessible Information) who will make contact with you. |

**‘I’d like to help!’ form**

I have read the information sheet letter about the CAMHS-LD sleep project. I would like to help and I give my permission for this form to be shared with the project lead.

 **Name:** ……………………………………………………………….……………………

 **Signature:** ………………………………………………………………………………..

 **Date:** ……………………………………………………………….……………………

 **Contact details:** …………………………………….....................................

**I am interesting in (please tick):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Talking about my experience to inform the film. |  | Being part of the planning team to design the film. |
|  | Possibly having my voice recorded and included on the film. |  | Possibly being included in the film e.g. showing the routine of getting ready for bed. |
|  | Being part of a group that reviews the film and decides on the final version |  | Other (please describe)  …………………………………………  ………………………………………… |

Additional information:

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