**Bridge the Gap Child Mental Health**

**‘Letter of Support’ Application Form**

**Name of parent:**

**­­**

**Name of child:**

**Child’s age and date of birth:**

Age:

Date of Birth:

**Address:**

**Contact Number:**

**Any interests?**

**Any concerns to address?**

**Thank you, a letter will be sent soon! Please email your completed form to lettersbridgethegap@outlook.com**