**Dear Healthy Start Team,**

Application form in parent/carer name - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Due to Covid-19 part B of this application form has not been signed and stamped by a Registered Health Professional.

We have been instructed to send this application form without a Registered Health Professionals signature due to staff shortages, redeployment and services not currently operating with members of the public.

Yours sincerely

\*ENTER NAME\*