BEREAVEMENT SUPPORT REFERRAL FORM ADULT



Who can be referred	This counselling service is available to adults, young people, and children in need of support to				
to Jersey Hospice	come to terms with the death of a relative or friend.				
Care Bereavement	Please use this form for those over 18 years.				
Support Service					
Data Protection Statement	The person you are referring for support must sign this form to give consent to the below information being shared to Jersey Hospice Care. If they do not give their consent, we cannot contact them to offer our support service. They have the right at any time in the future to withdraw their consent.				
Please tick box to	If you are completing this form on behalf of the referred				
confirm	Do you consent to your details being processed?				
	Consent includes our service being permitted to contact you about services available				
YOUR DETAILS	Name:			ation/relationship to the person	
IF YOU ARE			named below.	, , , , , , , , , , ,	
COMPLETING ON					
BEHALF OF THE					
BELOW					
DETAILS OF PERSON	Name:		Date of birth:		
BEING REFERRED					
Address:					
Post code:					
Email:					
Telephone:	Mobile:		Н	ome:	
			·		
GP name and surgery					
		Prefe	rred method of ini	tial contact: Text/email/telephone	
Preferred language				•	
NATURE OF REFERRAL		•			
Individual/couple/	Name and dates of birth of other members to be supported:				
Family Support					
(circle)					
Name of the person	Age:	Relationshir	o to the deceased	When was the bereavement:	
who has died:	7,80.	Relationship	o to the acceased	When was the beleavement.	
Wild has alca.	!				
Brief description of		<u>I</u>		1	
cause of death:					
23000 01 404011					

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Main worries and concerns at present			
Person being referred consent for the above	Signature:	Date:	
BEREAVEMENT	Please return by hand, email <u>bereavement@jerseyhospicecare.com</u> or post to		
SERVICE LEAFLET	Community Bereavement Service, Clarkson House, Mont Cochon, St Helier, JE2 3JB.		
GIVEN	·	•	

Privacy Statement

All information entered into this form will be processed in accordance with the Data Protection (Jersey) Law 2018. It will not be shared with a third party without your consent, or another condition of the Law being fulfilled. For more information about your privacy rights see our main privacy statement at www.jerseyhospicecare.com/privacy-notice