

BEREAVEMENT SUPPORT

Referral Form under 13 years



Who can be referred to Jersey Hospice Care Bereavement Support Service	A child can be referred for bereavement support and counselling to our service, if they have experienced a death of a family member or friend.		
Data Protection Statement The person you are referring for support must have given 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.			
*Parental Responsibility	People with parental responsibility for a child include: the child's mother; the child's father if married to the mother at the child's conception, birth or later; a legally appointed guardian; the local authority if the child is on a care order; or a person named in a residence order in respect of the child. For births registered before 2 December 2016, an unmarried father will not have automatically parental responsibility for his child. In order to acquire parental responsibility, an unmarried father would only have parental responsibility by: applying to the court for an order stating that he has parental responsibility for his child; entering into a parental responsibility agreement with the child's mother, or by requesting that the registrar of the parish in which the child was born, re-registers the child's birth and enters the father's name. This option will involve the cooperation of the child's mother in making the request to the registrar. If the child was born on or after 2 December 2016, the father will automatically have parental responsibility for his child provided they are registered as the child's father at the time of the child's birth (named on the birth certificate).		
Please tick box to confirm <input type="checkbox"/>	If you are completing this form on behalf of the people with parental responsibility* and the child Do you consent to your details being processed? Consent includes our service being permitted to contact you about services available		
DETAILS OF CHILD BEING REFERRED			
Name:			Date of birth:
Address:			Post code:
School:			GP name and surgery:
DETAILS OF PERSON WITH PARENTAL RESPONSIBILITY *			
Name:	Telephone:		Email:
Relationship to the child:			
Preferred language:	Preferred method of initial contact: Telephone/email/text:		
DETAILS OF REFERRER (if person with parental responsibility, enter 'as above')			
Name and role:	Telephone:		Email:

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Organisation and address:			
NATURE OF REFERRAL			
Name of the person who has died:		Their age:	Brief details of cause of death:
Relationship to the deceased:			When was the bereavement?
Main worries and concerns at present:			
Are there any other professionals involved?	Name of agency/service and support received, and date support started:		
Relevant information	1:1 support in school? Any additional needs? Language of preference?		
Please tick box to confirm <input type="checkbox"/>	This referral been discussed with the child, and have they have agreed to being contacted and offered support? <b style="color: red;">We require all referrals to be discussed with young person, in language that they will understand, and they must consent to being referred for counselling support.		
Parental Responsibility (Required)	Signature: _____		Date: _____
	Print name: _____		
Child (Not required)	Signature: _____		Date: _____
	Print name: _____		
BEREAVEMENT SERVICE LEAFLET GIVEN	<i>Please return by hand, email bereavement@jerseyhospicecare.com or post to: Community Bereavement Service, Clarkson House, Mont Cochon, St Helier, JE2 3JB</i>		

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