BEREAVEMENT SUPPORT REFERRAL FORM

Jersey Hospice Care
your care, your choice, your time

<table>
<tr><td>Please tick box to confirm
☐</td><td colspan="4">GDPR Consent Statement
Has the person you are referring for support consented to Jersey Hospice Care contacting them and recording their details? 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. We confirm that this information will not be passed to any third parties.</td></tr>
<tr><td>YOUR DETAILS</td><td colspan="2">Name:</td><td colspan="2">Role and Organisation/relationship to the person named below.</td></tr>
<tr><td>DETAILS OF PERSON BEING REFERRED</td><td colspan="2">Name:</td><td colspan="2">Date of birth:</td></tr>
<tr><td>Address:

Post code:</td><td colspan="4"></td></tr>
<tr><td>Email:</td><td colspan="4"></td></tr>
<tr><td>Telephone:</td><td colspan="3">Mobile:</td><td>Home:</td></tr>
<tr><td>GP name and surgery</td><td colspan="4"></td></tr>
<tr><td>Preferred language</td><td colspan="2"></td><td colspan="2">Preferred method of initial contact: Text/email/telephone</td></tr>
<tr><td colspan="5">NATURE OF REFERRAL</td></tr>
<tr><td>Individual/couple/ Family Support (circle)</td><td colspan="4">Name and dates of birth of other members to be supported:</td></tr>
<tr><td>Name of the person who has died:</td><td></td><td>Age:</td><td>Relationship to the deceased</td><td>When was the bereavement:</td></tr>
<tr><td>Brief description of cause of death:</td><td colspan="4"></td></tr>
<tr><td>Main worries and concerns at present</td><td colspan="4"></td></tr>
<tr><td>SERVICE LEAFLET GIVEN ☐</td><td colspan="3">Please return by hand, email bereavement@jerseyhospicecare.com or post to Community Bereavement Service, Clarkson House, Mont Cochon, St Helier, JE2 3JB.</td><td>Date received:</td></tr>
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