

BEREAVEMENT SUPPORT REFERRAL FORM

Child/young person (CYP) under 18 years of age



Jersey Hospice Care
your care, your choice, your time

Date:	I would like the following CYP client to be considered for bereavement support:		
GDPR CONSENT STATEMENT			
Please tick box to confirm <input type="checkbox"/>	As the referrer if you have parental responsibility: Do you consent to your details and the client's details you are providing being recorded?		
Please tick box to confirm <input type="checkbox"/>	As the referrer if you do not have parental responsibility: Do you consent to your details being recorded?		
<input type="checkbox"/>	Do you have the consent of the person with parental responsibility for their details and/or the client's details you are providing to be recorded?		
Consent includes our service being permitted to contact you about services available			
DETAILS OF CYP 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 cyp:			
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:
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?

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Main worries and concerns at present:		
Are there any other agencies/services currently supporting the CYP? If yes, please specify	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"/>	Has this referral been discussed with the child or young person (CYP) and have they have agreed to being contacted and offered support? <b style="color: red;">We require all CYP referrals to be discussed with the child or young person and they must consent to being referred for bereavement support.	
SERVICE LEAFLET GIVEN <input type="checkbox"/>	Please return by hand, email bereavement@jerseyhospicecare.com or post to: Community Bereavement Service, Clarkson House, Mont Cochon, St Helier, JE2 3JB	Date received: