

EMOTIONAL 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 child or young person (CYP) to be considered for emotional support:		
GDPR CONSENT STATEMENT			
Please tick box to confirm <input type="checkbox"/>	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"/>	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:			
Language of preference:		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 with the life limiting illness		Their age:	Brief description of the life limiting illness:
Relationship to this person		When was the diagnosis?	

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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 that support started:	
Relevant Information	1:1 support in school? Any additional needs? Preferred language?	
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? 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: Emotional Support Service, Clarkson House, Mont Cochon, St Helier, JE2 3JB	Date received: