



## Sandy Bear Children's Bereavement Charity

### Referral Form - Carmarthenshire

Date referral received  
by Sandy Bear:



12 week date of  
referral:

#### Child/young person's details

Family name:	Forenames:
Date of Birth:	Preferred name:
Gender: Male Female Prefer not to say	Age:
Parent/carer's name:	Landline:
Email:	Mobile:
Ethnicity:	Religion:
Current address:	Permanent address (if different):
Postcode:	Postcode:
School attended:	Preferred language:
Parents preferred language:	Reading language:
Do you have a Social Worker?	Is this child/young person a looked after child?
GP's name, surgery and contact number:	
Disability or relevant medical conditions:	Known allergies including food intolerance:  Current medication:

TO PROCESS THIS REFERRAL AS QUICKLY AS POSSIBLE THE FOLLOWING INFORMATION IS NECESSARY.

THIS INFORMATION CAN BE SENT IN LETTER FORMAT

**1. Who has died?**

*(Please also include your assessment of the child/young person's awareness of and about the bereavement)*

**2. What date did their special person die?**

**3. What was the cause of death?**

**4. What is your relationship to the child/young person?**

**5. What is the biggest worry on this child/young person?**

**6. What impact does this have for the child/young person in the following areas?**

*(Home, family, education, physical, emotional and mental health, Relationships with peers, family and any other impact consequence you think might be relevant e.g. poor sleep pattern, bed wetting, increasing social isolation)*

**7. What are the details around the circumstances of the death?**

**8. Are there any family issues that Sandy Bear should be aware of?**

*(Adverse childhood experiences – family mental health, domestic violence, parental separation, incarceration, drug and alcohol abuse, divorce, any form of abuse that has occurred within the child/young person's experience within the family, as well as any other bereavements.*

**9. Is there any other information we need to be aware of?**

**Household Details:**

Name	Date of birth/ Age	Relationship to child/young person	Parental responsibility

**Significant others not living at the family home**

Name	Date of birth/ Age	Relationship to child/young person	Gender

**Professionals Involved**

1) Name	
Role	
Organisation	
Telephone number	
2) Name	
Role	
Organisation	
Telephone number	
3) Name	
Role	
Organisation	
Telephone number	

Referrer Details	
Name:	Date of referral:
Address:	
Profession:	
Telephone number:	
Email address:	
Referrer signature:	

### Data protection

While providing you and your child with services from Sandy Bear Children's Bereavement Charity and monitoring and evaluating your child's needs, we collect, hold and process certain personal and sensitive information about your child and family. We treat this information as strictly confidential and only release it to yourself as parent/carer with parental responsibility. This information may be used anonymously so that we can plan services for all children. Therefore, we enter some of your child's details from this record on to our computer system.

- To be able to do this, we require your explicit consent (by ticking the box below).
- We collect only the necessary and relevant personal data to enable us to fulfil our obligations to you and Sandy Bear Children's Bereavement Charity. We operate according to very strict internal guidelines, and always ensure that your data is processed fairly, confidentially, securely and lawfully.
- We collect, store and process data in accordance with all applicable data protection legislation, including the UK General Data Protection Regulation.

#### Please tick to confirm your consent

☐

I understand and accept the collection and processing of personal data by Sandy Bear Children's Bereavement Charity.

Parent/guardian signature .....

### Returning the form

If possible, please return all completed forms digitally and send to [referrals@sandybear.co.uk](mailto:referrals@sandybear.co.uk)

Or alternatively, please put in an envelope and send to the following address:  
 Sandy Bear Children's Bereavement Charity (Confidential),  
 Europa House, 115 Charles Street, Milford Haven, SA71 2HW.