

**Sandy Bear Children’s Bereavement Charity**

**Referral Form**

**Anticipatory Grief Support**

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| **Child’s Details** | |
| Family name: | Forenames: |
| Date of birth: | Preferred name: |
| Gender  Male  Female  Prefer not to say | Age: |
| Parent/carer name: | Mobile: |
| Email: | County: |
| Ethnicity: | Religion: |
| Current address:  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: |  |

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| TO PROCESS THIS REFERRAL AS QUICKLY AS POSSIBLE THE FOLLOWING INFORMATION IS NECESSARY.  THIS INFORMATION CAN BE SENT IN LETTER FORMAT |
| **1.Who is the person that has a palliative condition?**  *(Please also include your assessment of the child/young person’s awareness of and about the diagnosis)* |
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| **2. What is the diagnosis?** |
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| **3. What is your relationship to the child/young person?** |
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| **4. What is the biggest worry about this child/young person?** |
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| **5. Is there any other information we need to be aware of?** |
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| **Household Details:** |

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| --- | --- | --- | --- |
| Name | Date of birth/ Age | Relationship to child/young person | Parental responsibility |
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| **Significant others not living at the family home** |

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| --- | --- | --- | --- |
| Name | Date of birth/ Age | Relationship to child/young person | Gender |
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| **Professionals Involved** |

|  |  |
| --- | --- |
| 1. Name |  |
| Role |  |
| Organisation |  |
| Email |  |
| 1. Name |  |
| Role |  |
| Organisation |  |
| Telephone number |  |

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

**Data protection**

While providing support from Sandy Bear Children’s Bereavement Charity and monitoring and evaluating your family’s needs, we collect, hold and process certain personal and sensitive information about you. 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. We also enter demographics 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

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.