



**demelza**

extraordinary care for extraordinary children

# Demelza referral form

## Child details

Name:

Date of birth or due date:

NHS No:

Tick as applicable:

Male

Female

Unknown

Address:

Telephone:

Mobile:

Email:

Ethnicity:

First language:

Nationality:

Other language:

Religion:

Interpreter required: YES

NO

Diagnosis including any behavioural support needs:

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Approval date: April 2023

Ref no: CA-Form-4.1a

Responsible manager: Service Improvement Lead

Review date: Feb 2025

**Ventilation needs:**

**Allergies:**

**Is this child subject to any of the following: (please tick appropriate box)**

Child in need plan  Child protection plan  Child in care: By voluntary agreement   
Under an interim care order  Full care order  Emergency protection order

**If a local authority holds PR or PR is split with a local authority please state details. Please also include any risks or contact restrictions.**

**Which location (s) is required? (please tick appropriate boxes)**

Demelza Kent  Demelza South East London  Demelza community - East Sussex

**Desired outcomes**

**What are the key aims of this referral? (i.e what are this child's family's needs?)**

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## Parent(s) details

Please provide full contact details for parents

<b>Parent 1:</b> Relationship to child: Ethnicity: Address:  Parental responsibility <input type="checkbox"/>	Date of birth:	Telephone: Mobile: Email:
<b>Parent 2:</b> Relationship to child: Ethnicity: Address:  Parental responsibility <input type="checkbox"/>	Date of birth:	Telephone: Mobile: Email:

Please provide details of any other adults living in the family home i.e step parents:

<b>Name:</b> Relationship to child: Ethnicity: Address:  Parental responsibility <input type="checkbox"/>	Date of birth:	Telephone: Mobile: Email:
<b>Name:</b> Relationship to child: Ethnicity: Address:  Parental responsibility <input type="checkbox"/>	Date of birth:	Telephone: Mobile: Email:

**Primary carer(s): (if the child is not looked after by their parents, please provide details of the child's primary carer(s), including full contact details)**

<b>Name:</b> Relationship to child: Ethnicity: Address:  Parental responsibility <input type="checkbox"/>	Date of birth:	Telephone: Mobile: Email:
<b>Name:</b> Relationship to child: Ethnicity: Address:  Parental responsibility <input type="checkbox"/>	Date of birth:	Telephone: Mobile: Email:

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## Siblings details

Name	Date of birth	Male/Female/ unknown	Ethnicity	Relationship to child

## Services working with child

Professional	Name, organisation and address	Telephone/Email
GP		
Consultant		
Community Consultant		
Social Worker/Local Authority		
Community Children's Nurse		
School		
Therapists		
Interpreter		
Other professionals		

## Referrer details:

**This referral must have been fully discussed with parents/carers and young people. Demelza will be unable to progress the referral without written consent from an adult with parental responsibility.**

Name:

Address:

Telephone:

Mobile:

Email:

Job title: (if not family member)

Organisation:

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## Confidentiality, Data Protection & Consent Statement to be completed by young person / parent / carer

Demelza Hospice Care for Children will process your information in accordance with the UK Data Privacy Regulations and other relevant regulations, and will always store your personal details securely. The Act sets out certain requirements for the protection of your personal information against unauthorised use or disclosure. Except to the extent we are required or permitted by law, the information which you provide in this referral form, and any other information obtained or provided during the course of your referral will be used solely for the purpose of assessing your referral. Demelza will use the contact information that you have provided, including email address and mobile phone number, to ensure that you receive up to date information about the services that we provide.

- If your referral is unsuccessful, or you choose not to accept any offer we make, the information you provide during the referral process will remain on a closed, electronic record as part of our clinical database. This will be to access information should a further referral to Demelza be made.
- You have the right to erasure under Data Privacy Regulations. To request deletion of personal information held by Demelza about you, or for people in your care, please contact [careadministration@demelza.org.uk](mailto:careadministration@demelza.org.uk).
- If your application is successful, the information will form part of the clinical file and we will be entitled to process it for all purposes in connection with the services being provided, including family support and therapy services provided to parents, carers and siblings. The Act gives you certain rights. If you wish to access information held about you, or for people in your care, or to make amendments to your information please contact [careadministration@demelza.org.uk](mailto:careadministration@demelza.org.uk).

Demelza regularly work with health and social care commissioners who can provide additional funding for services provided. We are sometimes asked to provide patient details in order to evidence the work that we do.

We always take the safety and wellbeing of children and vulnerable adults seriously. If a child or adult is suspected of being at risk of serious harm, all Demelza staff have a duty of care to share relevant information with key professionals for safeguarding purposes, such as a the child's named Social Worker, GP, etc. When a new referral is received, we will make proportionate enquiries around safeguarding and risk with involved social care professionals as part of our assessment process.

For full details see our Privacy Policy on our website ([www.demelza.org.uk/privacy-policy](http://www.demelza.org.uk/privacy-policy)) or contact 01795 845200 or email [careadministration@demelza.org.uk](mailto:careadministration@demelza.org.uk).

I consent to the use of my personal information as set out in the terms above and give permission for Demelza to write to professionals involved in my child's/young person's care to request relevant information regarding this referral. Furthermore, I consent to Demelza staff holding copies of correspondence and sharing information with other professionals involved.

**Name of child:** ..... **Date of Birth:** .....

Furthermore to ensure that we offer the best possible response, we may contact parents/carers/young people following the outcome of a referral. Please advise if you are happy to be contacted for feedback.

Yes  No

**I confirm that I have parental responsibility for the above child and agree to Demelza's terms and conditions as stated above.**

**Signed:** .....

**Name: (block capitals)** .....

**Relationship to child:** .....

**Date:** .....

**Lead Nurse**  
**Kent**  
**Tel: 01795 845200**

**Lead Nurse**  
**South East London**  
**Tel: 020 8859 9800**

**Lead Nurse**  
**Community East Sussex**  
**Tel: 01323 446461**

Please send this completed form to:  
**Referrals Team, Demelza Hospice Care for Children, Rook Lane, Bobbing, Sittingbourne, Kent, ME9 8DZ.**  
**Tel: 01795 845 253 Email: [demelza.referrals@demelza.org.uk](mailto:demelza.referrals@demelza.org.uk) or [demelza.referrals@nhs.net](mailto:demelza.referrals@nhs.net)**

Registered Charity Number: 1039651

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