



Bereavement support referral form

Child details

Name:.....

Date of birth:...../...../.....

Date of death:...../...../.....

Place of death:

☐ **Male**

☐ **Female**

☐ **Unknown**

Child's ethnicity:.....

Child's religion:

Diagnosis:

Languages spoken

Languages spoken by family:

Interpreter needed: ☐ Yes ☐ No if yes, please include details on page 4

Desired outcomes

What are the key aims of this referral (i.e what are the families needs?)

☐ Counselling

☐ Sibling support

☐ Creative therapies

☐ Guidance & advocacy

☐ Peer support group

☐ Grandparent support

☐ Remembrance events

☐ Befriending

☐ Therapeutic groups

☐ Other

Is there anything else you would like to tell us about the type of support you would like?

Parent/Carer details

Please provide full contact details

Parent/Carer 1: Parental responsibility: ☐ Relationship to child:.....

Name:.....

Address:.....

.....

Contact numbers:..... Email:.....

Parent/Carer 2: Parental responsibility: ☐ Relationship to child:.....

Name:.....

Address:.....

.....

Contact numbers:..... Email:.....

Other adults

Please provide details of any other adults, such as adult siblings or grandparents, who would like to access bereavement support

Adult 1: Parental responsibility: ☐ Relationship to child:.....

Name:.....

Address:.....

.....

Contact numbers:..... Email:.....

Adult 2: Parental responsibility: ☐ Relationship to child:.....

Name:.....

Address:.....

.....

Contact numbers:..... Email:.....

Sibling details (under 18)

Sibling 1: Relationship to child:.....

Name:.....

Address:.....

.....

Parent/Carer
contact number:

Parent/
Carer Email:

Sibling 2: Relationship to child:.....

Name:.....

Address:.....

.....

Parent/Carer
contact number:

Parent/
Carer Email:

Sibling 3: Relationship to child:.....

Name:.....

Address:.....

.....

Parent/Carer
contact number:

Parent/
Carer Email:

Sibling 4: Relationship to child:.....

Name:.....

Address:.....

.....

Parent/Carer
contact number:

Parent/
Carer Email:

Do the following apply to any children listed on this form?

- ☐ Child in need plan
- ☐ Child protection plan
- ☐ Emergency protection order
- ☐ Full care order
- ☐ Interim care order
- ☐ Child in care: By voluntary agreement
- ☐ Unknown

If a local authority holds parental responsibility or parental responsibility is split with a local authority please state details and include any risks or contact restrictions. If unsure what parental responsibility or another appropriate source refers to please head to: <https://www.gov.uk/parental-rights-responsibilities>.

Child’s GP details

GP practice name:

GP contact details:.....

Referrer details

This referral must have been made with the full knowledge of the family.

Name:.....

Job title:.....
(if not family member)

Organisation and address:.....
.....

Contact details:..... Email:.....

Other services working with the family

Please give details of child death review key worker, social worker and interpreter if applicable. We may need to contact these professionals to ask for additional information.

Full name	Job title and organisation	Contact details

Confidentiality, Data Protection & Consent Statement

Information about your referral:

- If your referral is successful, the information will form part of the clinical file and will be necessary to process for all purposes in connection with the services being provided, including family support and therapy services provided to parents, carers and siblings. 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
- 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 and will be stored in line with Demelza's Privacy Policy (www.demelza.org.uk/privacy-policy).

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) or contact 01795 845200 or email careadministration@demelza.org.uk

Consent to be completed:

I, the parent/carers, give consent to the referral: ☐ Yes ☐ No

Name of baby/child/young person:

Date of Birth: / / Date of Death: / /

I confirm that I held parental responsibility* for the above child.

- I consent to Demelza obtaining and sharing relevant data and information from other professionals, such as GPs, Social Services, consultants, educational settings.
- I understand that all information provided will be processed and kept in accordance with the UK Data Privacy Regulations and as stated in Demelza's Privacy Policy www.demelza.org.uk/privacy-policy
- I consent where necessary to Demelza processing special category data relating to the child
- I confirm that any other individuals stated on this form, are aware that their personal data has been included in this referral to Demelza.

Name of person with parental responsibility:

Relationship to named child:

Signature:

Date: / /

*All mothers and most fathers have legal rights and responsibilities as a parent – known as 'parental responsibility'. For more information on parental responsibility please see <https://www.gov.uk/parental-rights-responsibilities>.

Kent
Tel: 01795 845200

South East London
Tel: 020 8859 9800

East Sussex
Tel: 01323 446461

Please send this completed form to:
demelza.referrals@demelza.org.uk or demelza.referrals@nhs.net
or if you have any queries please call on 01795 845 253

Registered Charity Number: 1039651