



Demelza

Hospice Care for Children

Demelza Referral Form

Child details:

Name: _____ Date of Birth: _____ NHS No: _____

Tick as applicable Male Female Unknown

Address: _____ Telephone: _____
Mobile: _____
Other contact: _____
Email: _____

Ethnicity: _____ First language: _____
Nationality: _____ Other languages: _____
Religion: _____ Interpreter required: YES / NO
If yes, please provide regular interpreter contact details:
Name: _____
Address: _____
Telephone: _____
Mobile: _____
Other contact: _____
Email: _____

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Diagnosis:

Associated conditions:

Ventilation needs:

Allergies:

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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 or,
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 provide further details: (including any risks you think we need to be aware of and any contact restrictions)

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Parent(s) details:

Please provide full contact details for parents

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

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

Name: Relationship to child: Ethnicity: Address:	Date of Birth: Parental responsibility <input type="checkbox"/>	Telephone: Mobile: Other contact: Email:
Name: Relationship to child: Ethnicity: Address:	Date of Birth: Parental responsibility <input type="checkbox"/>	Telephone: Mobile: Other contact: 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)

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

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Siblings details:

Name	Date of Birth	Male / Female / Unknown	Ethnicity	Relationship to child

Additional information about this referral: (e.g. current family / home situation, including any identified risks)

Services working with child:

Professional's Name:	Address:	Telephone / E-Mail
GP		
Consultant		
Community Consultant		
Social Worker / Local Authority		
Community Children's Nurse		
School		
Therapists		
Other Professionals		

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Additional information about this child/family's support network: (e.g. formal support, non-formal support from family members, friends and/or other voluntary organisations)

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?: (What are this child's/family's needs?)

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:

Job title: (If not family member)

Organisation:

Telephone:

Mobile:

Email:

Other contact:

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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.

- **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.

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.

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:

If this referral relates to end of life care or use of bereavement suite, please contact the appropriate Care Services Lead directly by telephone to notify them.

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 or demelza.referrals@nhs.net

Registered Charity Number: 1039651

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