

Halo Children's Foundation

Bereavement Support Referral Form

<u>Name of child/young person being referred:</u>		<u>D.O.B:</u>	<u>Age:</u>
<u>Ethnicity:</u>	<u>Gender:</u>	<u>Language:</u>	<u>Religion:</u>

<u>Name of nursery/primary/secondary school child attends:</u>	<u>GP Name and Address:</u> <u>Any disability/medical conditions:</u>
--	--

Family information

Main carer(s) and relationship to child:

Address:

Daytime contact number:

Evening contact number:

Email:

Siblings

Name: Age:

Name: Age:

Name: Age:

Reason for referral:

<u>Name of deceased:</u>	<u>Relationship to child/young person:</u>	<u>Age:</u>
<u>Cause of death:</u>	<u>Date:</u>	

Family Tree (useful if you can provide):

Children's support network (Including professional services):

Any other significant losses/events/risks: *(e.g. moved home, school, issues around birth, early development, bereavements, self-harm, suicidal thoughts or feelings)*

Any further relevant information which you feel will be helpful?
Please include family spiritual or cultural beliefs and traditions

PERMISSION FOR CHILD TO ACCESS HALO SERVICES

I

Relationship to child, parent/guardian

Give consent for To receive support on offer by Halo Children's Foundation.

Confidentiality will be discussed, clarified and agreed prior to commencement.

Signature _____ (Parent/Guardian)

Date:.....

**For further support in completing the Referral Form, please contact us at
info@halochildrensfoundation.org.uk**

www.halochildrensfoundation.org.uk

Charity Registration number: 1166863