

**Children & Families Support Service**

 **Bereavement Support Group - Referral Form**

PARENT DETAILS. Name(s):

Address:

Gender: Date of Birth: Ethnicity

Tel No. Home: Mobile:

SECOND EMERGENCY CONTACT DETAILS. Name: Address:

Gender: Tel No. Home:

Mobile: Relationship to parent/child:

BEREAVEMENT DETAILS (if applicable). Name of deceased: Date of death: Relationship to child:

Gender: Extra bereavement complications:

NAMES OF CHILD(REN) / YOUNG PEOPLE ATTENDING SUPPORT GROUP:

Full Name(s): DOB(s): Gender: Ethnicity: Additional needs:

**TO BE COMPLETED BY PARENT:**

**I give my consent:**

for my child(ren) named above to attend the Support Group: **YES / NO**

**I understand:**

thatdata is logged and stored securely (we may be unable to support you otherwise), that I can formally request to see our data, and that I can formally request that our data be removed;

that any information about the Support Group which is shared for evaluation and monitoring purposes only will always be general in nature and always anonymised.

**Parent’s full name: Parent signature: Date:**

**TO BE COMPLETED BY SLOUGH SCHOOLS’ PROFESSIONAL REFERRING:**

**Referrer’s full name: Referrer’s signature**: **Date:**

**Referrer’s role: Referrer’s contact number:**