

FOR OFFICE USE ONLY

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Referral no.....
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Jigsaw (South East) Referral Form

GRIEF SUPPORT PROJECT

(Please print details in block capitals)			
Name of Child(ren):	Gender – M/F	Date of Birth:	School attended:
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Name of Child(ren):	Gender – M/F	Date of Birth:	School attended:
Name of Child(ren):	Gender – M/F	Date of Birth:	School attended:
Name of Child(ren):	Gender – M/F	Date of Birth:	School attended:
Name of Parent/Carer:			
Title:			
Address:			
		Email address:	
Post Code:		Borough of Residence:	
Tel. (Home)	Tel. (Work)	Tel. (Mobile):	
Ethnicity: (see separate sheet)			
Name of Person who has died:		Date of Death:	
Relationship to Child:			
Cause of Death:			
Other significant family members, including names and dates of birth, if known:			

Reasons for Referral:

Family History:

Does anyone in the family have any special needs or requirements, such as behavioural issues, allergies, dietary requirements etc?

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Do the family know about the referral? (Please tick the appropriate box) If not, please name the link person who will discuss this with them.	Yes		No	
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It is your responsibility, as a referrer, to inform us of any occurrences of physical aggression that have happened in the past and any potential triggers. Please give details.

Professionals involved		
Name	Workplace/Job Title	Telephone Number
G.P		
School Link Person(s)		Telephone Number
Agencies		

Children's services			
Has the young person received bereavement counselling prior to the referral? If yes with whom		Yes	No
Does the family agree to us talking to the school Link Person to discuss the referral? (Please tick the appropriate box).		Yes	No
Name & workplace of person completing the form:			
Contact Number(s):		Email Address:	
Contact address:			
Signature		Date of Referral	
Notes:			
Ethnicity:			
White British		Indian	
White Irish		Pakistani	
Any other White background		Bangladeshi	
Any other Mixed Background		Any other Asian Background	
White & Black Caribbean		Caribbean	
White & Black African		African	
White & Asian		Any other Black Background	

Please return this form to:
Grief Support Project
Jigsaw(South East)
East Court mansion, College Lane, East Grinstead, RH19 3LT
Tel: 01342 313 895
Email: info@jigsawsoutheast.org.uk