

**FOR OFFICE USE ONLY**

Acknowledged.....  
Referral no.....  
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**WE ARE  
MACMILLAN.  
CANCER SUPPORT**



**Macmillan Family Support Service Referral Form**

<b>(Please print details in block capitals)</b>		
<b>Name of Child(ren):</b>	<b>Date of Birth:</b>	<b>School attended:</b>
<b>Name of Child(ren):</b>	<b>Date of Birth:</b>	<b>School attended:</b>
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<b>Name of Child(ren):</b>	<b>Date of Birth:</b>	<b>School attended:</b>
<b>Name(s) of Parent(s)/Carer(s):</b>		
<b>Address:</b>		
<b>Post Code:</b>	<b>Borough of Residence:</b>	<b>Email address:</b>
<b>Tel. (Home)</b>	<b>Tel. (Work)</b>	<b>Tel. (Mobile):</b>
<b>Reasons for referral:</b>		<b>Ethnicity: (please choose from list on final page)</b>
<b>Name of the person who has a life limiting illness or disability</b>		<b>Illness and prognosis (if known)</b>
<b>Relationship to Child:</b>		
<b>Other significant family members, including names and dates of birth, if known:</b>		
<b>Referral background:</b>		


**Family History:**


**Please identify any other special needs or requirements, such as behavioural issues, allergies, dietary requirements etc?**

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<b>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.</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
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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**

<b>Name</b>	<b>Job Title</b>	<b>Telephone Number</b>

<b>School Link Person(s)</b>	<b>Telephone Number</b>

Does the family agree to us talking to other named professionals on this form to discuss the referral? (Please tick the appropriate box).		Yes	No
Name of person completing the form:			
Contact Number(s):			
Contact Address:			
Contact Email:			
Signature		Date of Referral	
Notes:			

**Ethnicity (please tick):**

White: Any White background		Mixed: White and Black Caribbean	
Asian: Indian		Mixed: White and Black African	
Asian: Pakistani		Mixed: White and Asian	
Asian: Bangladeshi		Mixed: Other background	
Asian: Other		Chinese	
Black: Caribbean		Other Ethnic group	
Black: African		Declined	
Black: Other		Not asked	

**Please return this form to:**  
 Jigsaw (South East)  
 East Court Mansion, College Lane, East Grinstead RH9 3LT  
 Tel: 01342 313895  
 Email: [info@jigsawsoutheast.org.uk](mailto:info@jigsawsoutheast.org.uk)