

**FAMILY REFERRAL FORM**

**Bereavement**

**All information provided on this form is confidential and for use only in relation to Children’s Heartbeat Trust.**

**A little bit about your family…**

**Contact Name:**

**Tel No:**

**Email:**

**Full Postal Address:**

 **Post Code:**

**A little bit about your child…**

**Full Name:**

**DOB:**

**Age child passed away:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Further Relevant Information:** \_\_\_\_\_\_

**How can we help?**

**\_\_\_ Details of events specifically for bereaved parents.**

**\_\_\_ Details of regional family events.**

**\_\_\_ Contact with our Family Support Worker.**

**\_\_\_ Contact with other bereaved families.**

**\_\_\_ Details of counselling service.**

**I give consent that the above information is shared with the Children's Heartbeat Trust for additional family support purposes.**

 **(Please Tick)**