

Jeremiah's Journey

Supporting children and young people as they grieve

Child's details

JJ number (office use)	Child's Name	Surname	Gender	DoB and age	Ethnicity

(Please ensure that each child has their own referral identifying individual needs)

Name of school and link person	Contact details including Telephone number
GP surgery	Contact details including Telephone number

Parents/Carer's Details:

Name of Parent/ Carer:		Address:	
Home Tel.		Mobile Tel.	
Email address		Work Tel.	

Details of Deceased:

Name of deceased:		Relationship to child:	
Date of Death:		Cause of Death:	
DoB/ Age:		Ethnicity/spiritual and or religious need:	

Other members of the household including names and dates of birth.

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Referral Information, including impact of bereavement on child/young person, other identified needs and requirements, behavioural issues, allergies, disability, other concerns etc.

What are the views of the child or young person? Do they want to speak to us and what would they like to be different?

Family History:

Other relevant information including professionals and agencies involved and any known risks:

Do you consent to Jeremiah's Journey contacting the named professionals to discuss this referral?
Yes/No

Has a parent or carer consented to this referral? Yes/No

Name of Referrer:	Contact Telephone:
Contact Address:	Email:

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Signature:

Referral Date:

Please email the completed referral form to info@jeremiahsjourney.org.uk

Or post it to us at Jeremiah's Journey, Unit 10, HQ Business Centre, 237 Union St., Stnoehouse, Plymouth, PL1 3HQ.

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