



Supporting children and young people as they grieve

Child's details

JJ number (office use)	Child's Name	Surname	Gender and pronouns	Date of Birth	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 and Pronouns:		Address:	
Home Tel.		Mobile Tel.	
Email address		Work Tel.	

Details of Deceased (if there have been multiple bereavements, please include them all):

Name(s) of deceased:	DoB/Age(s):	Relationship(s) to child:
1.	1.	1.
2.	2.	2.
3.	3.	3.
Date(s) of Death:	Cause(s) of Death:	Ethnicity/spiritual and or religious need:
1.	1.	1.
2.	2.	2.
3.	3.	3.

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

Reason for referral:

What impact has the bereavement had on the child/young person?

Are there 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:

Signature:

Referral Date:

Please email the completed referral form to

bereavementservices@jeremiahsjourney.org.uk

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