|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s name:** | | | | **Referral date:** |
| **Date of birth:** | **Current age:** | | **Gender:** | **Ethnic group:** |
| **Referred by:** | | | **Relationship to child:** | |
| **Referrer’s telephone:** | | | **Referrer’s email:** | |
| **Referrer’s contact address:** | | | | |
| **Parent/carer’s name(s):**  **Address:**  **Telephone:**  **Email:**  **Has parental consent been obtained? Y/N** | | | **School contact (if known):**  **School name:**  **Address:**  **Telephone:**  **Email:** | |
| **What bereavement has the child experienced?** | | | | |
| **What support is the child currently receiving?** | | | | |
| **Child’s presenting issues:** | | | | |
| **Which intervention(s) would support this child? (Select as many as appropriate)**   * **1:1 Bereavement Therapy** * **Peer Support Day** * **School Support** * **Family Support** | | | | |
| **What differences would you like to see as a result of the child accessing support through OWLS?** | | **1.** | | |
| **2.** | | |
| **3.** | | |
| **4.** | | |
| **How did you hear about the OWLS Bereavement Service?** | |  | | |