

Date of call	
How did you hear about us?	
Is the Family aware of referral? Information cannot be stored if family have not consented	

3rd PARTY REFERRAL FORM

Organisation Type			
3 rd Party Name	Your Name:	Position Held:	
Address			
Telephone	Work Number :	Mobile:	
Email address			
Professional Relationship to the child/Young person			
Information about the referral request.			
Do the family know about the referral and agree to Simon Says contacting them? Yes No			
<i>Please note we cannot contact a family or store their information without their permission</i>			

Parent/Guardian

First Name:	Surname:	Relationship to child:
Parent/Guardian address:		
Postcode:		
Parent/Guardian - Best contact number(s):		
Parent/Guardian email address:		

About the deceased

Name of the person who died:	Relationship to children:
How did the person die?	Date of Death (approximate):



About the child or children

	Childs Name	Their date of birth	Gender (M / F)
Child 1			
Child 2			
Child 3			
Child 4			

Information you would like us to send to the family

please tick

<input type="checkbox"/>	Pre-Bereavement book	<input type="checkbox"/>	Counsellor List
<input type="checkbox"/>	Bereavement book	<input type="checkbox"/>	YPG Book
<input type="checkbox"/>	School Book	<input type="checkbox"/>	Support group dates (please circle which group required)
<input type="checkbox"/>	Young Peoples book (11-17)	Basingstoke / Chandler's Ford / YPG / New Milton / Gosport / Portsmouth (Eastleigh)	
	Ages: 3-17	3-10	11-17 3-17 3-17 3-11

Further Information: