



STARS Children's Bereavement Support Service Referral Form

The information below is needed to enable STARS to support a child/young person safely and effectively. It will be held securely following receipt of this referral form. The child/young person's parent/carer or young person aged 16 or over will be required to sign a form prior to or at assessment to state they are in agreement with this storage of information. If there are any related concerns in the meantime, please contact STARS on 01223 863511 or at info@talktostars.org.uk

1. Date of referral	
2. Name of child/young person	
3. Date of birth	
4. Gender	
5. Child/young person address	
6. School/college attending name and address	
7. Name of parent/carer	
8. Parent/carer address if different from child/young person	
9. Parent/carer phone number	
10. Parent/carer e-mail address	
11. GP name and surgery	
12. Is parent/carer aware of this referral?	
13. Referrer name (if not parent/carer)	
14. Referrer role in relation to child/young person	
15. Referrer phone number	
16. Referrer e-mail address	



If pre-bereavement support is required, please answer questions 17 - 20 and then go to question 25. If post-bereavement support is required, please go directly to question 21 and then continue to complete the form.

Pre-Bereavement Support	
17. Person who is ill	
18. Relationship to child/young person	
19. Diagnosis	
20. Prognosis	
Post-Bereavement Support	
21. Person who died	
22. Relationship to child/young person	
23. Date of death	
24. Nature of death	

25. Ethnicity	
26. Other services involved	
27. Past mental health history	
28. Any known risks	
29. Reason for referral now and any further information	

For office use only:

Case no:

Project: