|  |
| --- |
| **Please note that referrals can be made by telephoning the Family Support Team on 01484 411041 or by fax to 01484 502 251** |

**Person Being Referred:**

**Name: …………………………………………………….. NHS No:…………………………………………………….**

**Parent/carer Details:**

Carer 1: Parental responsibility? (please tick) Carer 2: Parental responsibility? (please tick) 

Name: …………………………………………………………………………. Name: ………….…..…………………..………………………………..……

NHS No. (MANDATORY)……………………………………………… NHS No. (MANDATORY)…………………………………………………

Date of Birth: ………………………………………………………………. Date of Birth: ………………………………………………………………..

Relationship to child: ………………………………………………….. Relationship to child: …………………………………………………….

First Language: …………………………………………………………… First Language: ………………………………………………………………

Interpreter Required? ………………………………………………….. Interpreter Required? ……………………………………………………

Ethnic Group/Religion: ………………………………………………… Ethnic Group/Religion: …………………………………………………..

(See box below)

Home Address:­­­­­­­­­­­­­………… …………………………………………………………………………………………………………………………………………...

…………………………………………..………………………………………………………………………………………………………………………………….

Postcode: ………….………………......................

Home Telephone Number: ………………………………………………………….

Carer 1 Mobile Number: ………………………………………………… Carer 2 Mobile Number: …………………..……………….…………….

Carer 1 Email: ………………………………………………………………… Carer 2 Email: …………………………………..………………………………..

GP Details: ……………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………………..

Tel:......................................................................................................................................................................................

**Ethnic Group (Mandatory)**

White English/Welsh/Scottish/Northern Irish/British

Irish Gypsy or Irish Traveller

Any other White background (please specify)

Mixed Multiple Ethnic Groups White and Black Caribbean White and Black African

White and Asian

Any other mixed/multiple ethnic background (please specify)

­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­Asian or Asian British Indian Pakistani

Bangladeshi Chinese

Any other Asian background (please specify)

Black/African/Caribbean/Black British African Caribbean

Any other Black/African/Caribbean background (please specify)

Other Ethnic Group Arab

Any other ethnic group (please specify)

**Child Details**:

First Names: ..………………………………………………………………… Surname: ………….…..…………………..……………………………….

Date of Birth: ……………………………………………………………….. Gender: Male  Female

Date of Death: ………………………………………………………………

Ethnic Group/Religion: …………………………………………………..

Cause of Death: ……………………………………………………………………………………………………………………………………………………. …

**Snowflake Information:**

Is Snowflake Suite Required?  Yes No

………………………………………………………………………………………………………………………………………………………………………………..

Condition of Child’s body: ……………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………………………………………….

Where is the body? ………………………………………………………………………………………………………………………………………………..

Post Mortem details: ………………………………………………………………………………………………………………………………………..……

………………………………………………………………………………………………………………………………………………………………………………..

Funeral Director: ……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………….

**Siblings:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Male/Female** | **Date of Birth** | **Health Needs** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Referrer Details:**

Name: ……………………………………………………………………………………………………………………………………………………………………..

Job title: …………………………………………………………………………………………………………………………………………………………………..

Agency: ……………………………………………………………………………………………………………………………………………………………………

Location: ………………………………………………………………………………………………………………………………………………………………….

Telephone Number: ………………………………………………… Mobile Number: ……………………………………………………………

Email Address: ………………………………………………………………………………………………………………………………………………………….

Signature: ……………………………………………………………….. Date: ………………………………………………………………………………

Any additional information:

**Social Service Involvement (if applicable)**

Social Worker: …………………………………………………..……………………………………………………………………………………………………….

Office and Location: ………………………………………………………………………………………………………………………………………………….

Telephone Number: …………………………………………………… Mobile Number: …………………………………………………………..

Email Address: ………………………………………………………………………………………………………………………………………………………….

Reason for Involvement: …………………………………………………………………………………………………………………………………………..

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Was the Child subject to any Safeguarding Plans? LAC  TAF  CIN  CP …………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………..

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**Coroner (if applicable)**

Coroner/Coroner’s Officer Name: ………………………..…………………………………………………………………………………………………… Office and Location: …………………………………………………………………………………………………………………………………………………

Telephone Number: …………………………………………………… Mobile Number: ………………………………………………………….

Email Address: …………………………………………………………………………………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
| **Professional Involvement – Others** | | |
| **Name** | **Title/Role** | **Telephone** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |

|  |  |  |
| --- | --- | --- |
| **Police Safeguarding Unit** | | |
| **Name** | **Title/Role** | **Telephone** |
| **1.** |  |  |
| **2.** |  |  |

**Additional information including circumstances of death:**

**MANDATORY – PLEASE FILL IN ALL SECTIONS ON THIS PAGE**

**Current family situation and additional supporting information**

**What help is the family looking for from the Forget Me Not Children’s Hospice?**

**……………………………………………………………………………………………………………………………………………………………………………..**

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**Have the child’s parents (or those with parental responsibility) consented to the referral?**

**Yes No**

**To help Forget Me Not make an informed decision are there any known risks within the family’s home environment: Please tick appropriate box:**

**No known history of violence, alcohol, drug abuse within the home environment.**

**Current knowledge of violence, alcohol/drug abuse within the home environment.**

**Knowledge of previous violence, alcohol, drug abuse within the home environment.**

**Please return this form to:**

**Forget Me Not Children’s Hospice**

**Russell House**

**Fell Greave Road**

**Huddersfield, HD2 1NH**

**Tel: 01484 411042 Fax: 01484 502251**

**care@forgetmenotchild.co.uk**

**Please help us develop our service: How did you hear about us?**

|  |  |  |  |
| --- | --- | --- | --- |
| **A professional / colleague** |  | **Friend or family** |  |
| **FMNCH Website** |  | **Social Media (Facebook etc)** |  |
| **Media, Newspaper/TV ad** |  | **FMNCH information leaflet** |  |
| **Other (please state)** |  |  |  |