

# Professionals - Request for support and Service consent form (Nelson's Journey)

\* Required

If you are working with a bereaved child/young person (e.g. as a teacher, GP, support worker) who needs our support then you can make a Request for Support but only if you have the consent of someone with parental responsibility for the child. **You are responsible for ensuring that you are able to share personal data with Nelson's Journey.** An email will be sent to the family when you submit this form, asking for consent to be confirmed.

The form will take approximately 15 - 20 minutes to complete

You will need to complete a separate form for each child (e.g for siblings)

The child / young person must:

- Be aged under 18 and live in Norfolk
- Be aware of the referral being made for them, and be willing to engage with us
- Have had a significant relationship with the person who died, and their death has had a significant impact

The support team have regular meetings to discuss new referrals, and what support we can initially offer based on the information you give to us. This will be either:

#### 1) **Parent / carer telephone support**

This is a telephone call to the parent / carer, once per month, for three months.

This is to discuss their grief-related concerns, provide information, guidance and resources, and give suggestions for activities to try with the child / young person at home to help meet their bereavement needs.

This is subject to a waiting list which we will explain to the family when we contact them. We prioritise referrals according to the level of need.

#### 2) **Child / young person in-person support.**

This is where the family are allocated to a Child Bereavement Support Worker, who will then be in contact to arrange an in-person (or online video if preferred) assessment.

This may then lead on to further appointments depending on the child / young person's level of need.

This is subject to a waiting list which we will explain to the family when we contact them. We

1. Information provided by you on this form will be used by Nelson's Journey to help us to understand the bereavement needs of the child/ren being referred and to communicate with you about our services. We will not sell your data to other organisations for their marketing purposes. If we have a safeguarding or child protection concern about a child, then personal information may be shared with other agencies, such as the Police or Children's Services. We have measures in place to protect your information, which will be held in paper and electronic forms. Your personal data will be processed throughout our contacts with you, and retained for a reasonable period afterwards at which time your data will be securely destroyed. Our full Privacy Statement is available on our website or by calling us on 01603 431788. \*

## Information about the child / young person and family

2. Child / young person's first name \*

3. Child / young person's surname \*

4. Child / young person's date of birth \*

Please input date (dd/MM/yyyy)



5. Child / young person's gender \*

- Female
- Male
- Trans-female
- Trans-male
- Non-binary
- Prefer not to say
- Other

6. Child / young person's ethnicity \*

- White British
- White - any other White background
- White - Irish
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
- Caribbean
- African
- Any other Black background
- Chinese
- Any other ethnic group
- Prefer not to say

7. The school / college they attend \*

Parent / carer details

8. Parent / carer first name \*

9. Parent / carer surname \*

10. Relationship to the child / young person \*

- Mother
- Father
- Grandmother
- Grandfather
- Stepmother / Father's partner
- Stepfather / Mother's partner
- Aunt
- Uncle
- Godparent / Guardian
- Foster Carer
- Sister
- Brother
- Social worker / LAC arrangement
- Family friend
- Friend
- Great Grandmother
- Great Grandfather
- Extended family
- Cousin
- Teacher / TA / School staff

11. Home address line 1 \*

12. Home address line 2

13. Town / city \*

14. Postcode \*

15. Parent / carer home telephone number \*

16. Parent / carer mobile telephone number \*



17. Parent / carer email address (note: this will automatically trigger an email to the parent/carer) \*

About the person who has died

18. The name of the person who has died \*

19. Their relationship to the child / young person \*

- Mother
- Father
- Grandmother
- Grandfather
- Stepmother / Father's partner
- Stepfather / Mother's partner
- Aunt
- Uncle
- Godparent / Guardian
- Foster Carer
- Sister
- Brother
- Social worker / LAC arrangement
- Family friend
- Friend
- Great Grandmother
- Great Grandfather
- Extended family
- Cousin
- Teacher / TA / School staff

20. The date of birth of the person who has died (if known)

Please input date (dd/MM/yyyy)



21. The date that they died \*

Please input date (dd/MM/yyyy)



22. The age the person was when they died

23. The cause of their death (there is space to explain more about this in the next question) \*

- Accident
- Road Traffic Collision
- Murder or Manslaughter
- Cancer
- Heart related
- Suicide
- Miscarriage or stillborn
- Disease or illness
- Drug or alcohol related
- Unknown
- Inconclusive
- SIDS (Sudden Infant Death Syndrome)
- Covid-19 related

## Information about the bereavement and how this is affecting the child / young person

Please put as much detail as possible as this will help us to decide what support we can offer

24. Please can you explain the circumstances of the person's death, what the child / young person experienced or witnessed, and what you think they currently understand about what happened. \*

25. What was the relationship like between the child / young person and the person who died? What kind of memories do they have? \*

26. What are your main worries or concerns about how the child / young person is grieving / coping with the bereavement? \*

27. Is the child / young person involved with any other agencies at the moment (e.g counselling, mental health services, other charities)? If so, please detail the support they are currently receiving \*

28. Do they have any additional or medical / allergy needs? Please specify below \*

29. Was the Coroner involved? (if an Inquest was needed) \*

30. Was there any media coverage of the death? \*

31. Did the child / young person see the person after they had died (for example at funeral home, hospital, at home)? If so, please let us know how they coped with this. Also, were they given a choice about whether to go or not? \*

32. Did the child / young person attend the funeral, or have any involvement in the arrangements (e.g choosing music, flowers, doing a drawing?) Were they given the choice about this? \*

33. At the funeral, was the person buried, cremated or other, and does the child / young person understand what this means? (Or please let us know if the funeral has not taken place yet) \*

34. Is this their first experience of a close bereavement? If not, please let us know of how they were affected by previous bereavements \*



35. Do the family talk openly about the person who died? \*

36. What do you think the child / young person believe happens after someone dies (for example their religious / cultural beliefs)? \*

37. Is the bereavement having an effect on them at school? If so, please give details, including any support the school offers \*

38. Have there been any significant changes in their family life since the bereavement? For example, house moves, separation / new partners, new births, or school changes. If so, please give details \*

39. Since the bereavement, have you noticed any changes to their:

- Sleeping
- Eating
- Self-harm
- Washing / dressing
- Friendship issues

If so, please give details \*

40. Since the bereavement, have you noticed any significant changes in the child / young person relating to:

- Low mood
- Feeling guilty
- Getting angry
- Feeling anxious
- Doing risk-taking behaviours

If so, please give details \*

41. Please confirm this is a Professional Request for Support by ticking below \*

- 11) Professional Request for Support

42. Please confirm that this is a new request for support by ticking below \*

New

43. Are you aware of any siblings of this child / young person being referred (using a separate online form), or that have referred in the past? If so, please write their name and date of birth (if known) below \*

44. Has this child / young person been referred to us in the past? \*

Yes

No

45. In what capacity are you supporting the child? Please select the agency/service below \*

School

Childrens Services

NHS / Health

CAMHS

Supporting Smiles

Police

Other professional

Friend

46. Any further information about the child/young person that would be helpful for us to know at this stage (e.g. preferred name, any other parent/carer contact details, any other relevant information) \*

## Professional contact information

47. Your name \*

48. Your role \*

49. Your organisation \*

50. Your phone \*

51. Your email \*

52. Your involvement with the child / young person (e.g what support you are offering, any other services you are referring them to) \*

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