

# Self-referral (age 16+) - Request for support and Service consent form (Nelson's Journey)

\* Required

**This form can only be completed by young people aged 16-17.**

The form will take approximately 15 - 20 minutes to complete.

Please note that you must be aged under 18 and live in Norfolk to receive support from us

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) **Telephone support**

This is a telephone call, once per month, for three months.

This is to discuss grief-related concerns, provide information, guidance and resources, and give suggestions for activities to help meet your bereavement needs.

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

## 2) **Young person in-person support.**

This is where you 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 your level of need.

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

1. Information provided by you on this form will be used by Nelson's Journey to help us to understand your bereavement needs 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 you

2. Your first name \*

3. Your surname \*

4. Your date of birth \*

Please input date (dd/MM/yyyy)



5. Your gender \*

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

6. Your 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 you attend \*

8. Home address line 1 \*

9. Home address line 2

10. Town / city \*

11. Postcode \*

12. Your home telephone number \*

13. Your mobile telephone number \*

14. Your email address \*

About the person who has died

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

16. Their relationship to you \*

- 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



17. The date of birth of the person who has died \*

Please input date (dd/MM/yyyy)



18. The date that they died \*

Please input date (dd/MM/yyyy)



19. Their age when they died \*

20. 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 you

21. Please can you explain the circumstances of the person's death, what you experienced or witnessed, and what you currently understand about what happened. \*

22. What was the relationship like between you and the person who died? What kind of memories do you have? \*

23. What are your main worries or concerns about how you are grieving / coping with the bereavement? \*

24. Are you involved with any other agencies at the moment (e.g counselling, mental health services, other charities)? If so, please detail the support you are currently receiving \*

25. Do you have any additional or medical / allergy needs? If yes, please also specify below \*

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

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

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

29. Did you attend the funeral, or have any involvement in the arrangements (e.g choosing music, flowers, doing a drawing?) Were you given the choice about this? \*

30. At the funeral, was the person: \*

- Cremated
- Buried
- The funeral has not taken place yet
- Other

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

32. Do you, as a family, talk openly about the person who died? \*

33. What do you believe happens after someone dies (for example your religious / cultural beliefs)? \*

34. Is the bereavement having an effect on you at school/college? If so, please give details, including any support the school/college offers \*

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

36. Since the bereavement, have you noticed any changes to your:

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

If so, please give details \*

37. Since the bereavement, have you noticed any problems with:

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

If so, please give details \*

38. Do you have any siblings 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 \*

39. Have you been referred to us in the past? \*

Yes

No

40. Any further information that would be helpful for us to know at this stage (e.g. preferred name, any other relevant information) \*



## Consent for our support

In order to receive a service from Nelson's Journey, we require agreement from you. Data Protection: Once completed this form will be held securely. The information you provide will be used for our management and administrative use. We will keep and use it to help us to run our

41. Please enter your name below \*

## Consents given

To receive a service from Nelson's Journey, we require agreement from you in respect of the points below. Please tick each one to indicate your agreement:

42. I consent to receive a service from Nelson's Journey and understand that an assessment of my needs will be carried out. \*

I consent

43. I confirm I have been given a copy of Nelson's Journey Policy and Procedures information. This can be downloaded at: <https://bit.ly/3fA0AAj> \*

I have received or downloaded a copy. Note: please email us at [enquiries@nelsonsjourney.org.uk](mailto:enquiries@nelsonsjourney.org.uk) if you cannot access the link above

44. I understand that whilst confidentiality is respected at all times, Nelson's Journey has a duty to contact and refer on to the appropriate agency if the designated worker believes that there is a risk of significant harm to any person \*

I understand

45. I authorise Nelson's Journey to share information, including sensitive personal data, if relevant to do so. I AGREE to the sharing of information with the following (if there are others, please type in the box at the end of the list) \*

- My school / college
- NHS staff /GP /Hospital /CAMHS (Child and Adolescent Mental Health Services)
- Coroner's Service
- Children's Services staff
- Please DO NOT share information with any of the above
- Other

46. Nelson's Journey adheres to current UK Data Protection law. I agree to Nelson's Journey processing personal data in both paper and electronic files and systems \*

I agree

47. I would like to be kept informed of future bereavement service events and positive activities arranged by Nelson's Journey (such as memorial walks) \*

Yes

No

48. I would like to keep up to date with Nelson's Journey's other activities and campaigns. Our email newsletter (currently sent via MailChimp) includes news and information about our events, services, campaigns, support from the community, and ways in which you can support us such as through volunteering or donating. You can unsubscribe from our mailing list at any time. \*

Yes - I would like to receive the email newsletter. I understand that I can unsubscribe from this service at any time by clicking the 'unsubscribe' link at the bottom of any e-newsletter that I receive.

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## Your authorisation

Thank you for completing this form. We ask you to complete and confirm your consent below before clicking Submit. You will receive an email notification.

49. Your signature (please type your name) \*

50. Your email address \*

51. Your email address (please re-enter) \*

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