



**CHILDREN and YOUNG PERSON
BEREAVEMENT SUPPORT WORKER
Referral Form**

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|-----------------------|--|--------------|--|
| School: | | Date: | |
| Staff Contact: | | | |
| | | | |
| | | | |

| Child's Name | Date of Birth | Year Group | Male/Female |
|--------------------------------|----------------------|-------------------|--------------------|
| | | | |
| | Tel. | Mobile | Email |
| Parent Contact Details: | | | |
| Parent Contact Details: | | | |

| | |
|--|--|
| Sibling Details: | |
| Is the pupil on the SEN Register? | |
| Medical details/diagnosis? | |
| Does the pupil have a disability? If so, please detail: | |

Ethnicity Details:

- White British White Irish Any Other White Caribbean African
- Any Other Black Indian Pakistani Bangladeshi White/Black Caribbean
- White/Black African White/Asian Chinese Any Other Mixed Traveller

REQUIRED INFORMATION

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|---|--|
| What is the reason for pupil's referral? | |
| What is the family history? | |

| | | |
|---|------------|-----------|
| Are any other agencies already involved with the pupil/family? | Yes | No |
| If yes, please give details here: | | |
| | | |
| Is the pupil the subject of a CAF? | Yes | No |
| If yes, please give details here: | | |
| | | |
| What outcomes would you like to achieve? In what timescale? | | |
| | | |

CONTRACT for supporting bereaved pupils at school:

- each session will last between 45-60 minutes and take place at the school premises
- each session, including the initial assessment, will cost £40 per child. An invoice will be sent to the school at the end of the work.

SCHOOL AGREES:

- to obtain parent/carer consent
- to provide a safe, nurturing and appropriate room for the pupil to be seen by the Bereavement Support Worker which should be made available and ready to use for the agreed number of sessions (to be mutually agreed before the support begin)
- to provide a member of staff to communicate with and make known the Safeguarding/Designated Senior Person for child protection concerns
- to inform Bereavement Matters if the child/young person is absent from school when a session has been planned

BEREAVEMENT MATTERS AGREES:

- to provide an initial assessment meeting with child and/or parent
- to provide an initial offering of up to 12 sessions with a trained Bereavement Support Worker if it is decided that bereavement support would benefit the child after the initial assessment is made
- to review at the end of the work to decide if further support is needed
- Bereavement Support Worker to undergo DBS checks, carry identification badge, insurance and resources

Head Teacher Signature: **Date:**

website: www.sabn.org.uk
email: help@sabn.org.uk (helpline)
admin@sabn.org.uk (admin)

PO BOX 671, St. Albans, Herts, AL1 3ZX
Tel: 01727 841841 (Helpline) 01727 841914 (Admin)
Registered Charity no. 1094636