

Referral Form

Date of referral	
Parent/Guardian's first name	
Parent/ Guardian Address	
Parent/Guardian contact number	
1st Child's name	
Male or female	
Date of birth	
Does the child have any allergies?	
School or nursery name	
2nd Child's name	
Male or female	
Date of birth	
Does the child have any allergies?	
School or nursery name	
Emergency name and phone number What is their relationship to you?	

Please note : For additional children please fill a second form

Essential information

Is the child affected by.. (Please mark relevant box)	Cancer	Bereavement
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<p>Who is the person in the child's life with cancer/ bereaved? What is/ was their relationship with them?</p>	
<p>Is the child getting any support elsewhere? e.g. School, Social services, Counselling etc ?</p>	
<p>Is there any other relevant information you think we should know?</p>	
<p>To ensure equal opportunities could you please state the ethnicity of the child/children.</p>	

Please note: Don't Forget The Kids is NOT a counselling service. Children must be accompanied and supervised by a responsible adult at all times.

We take photographs at our support groups and events to go on our website, if you do not wish to be included in these please let us know here