**Balloons Bereavement Memory Day – 19th May 2024**

**Family Information Form**

|  |  |
| --- | --- |
| **Reference Number** | (Office use only) |

**Please note** – referral forms should be completed electronically and returned to the Balloons office via email to [support@balloonscharity.co.uk](mailto:support@balloonscharity.co.uk). Please don’t post a copy as we want to ensure that the sensitive data on the form is kept secure.

**Confidentiality** – the information on this form will be kept securely by Balloons, and only shared on a ‘need to know’ basis with Balloons staff/volunteers directly involved in the case.*.*

Families and children/young people should be made aware of the information on this form before it is shared with Balloons.

**Safeguarding –** Balloons is committed to safeguarding and promoting the welfare of children and young people. If you gave any queries about safeguarding, or would like to see the Balloons Safeguarding Policy, please don’t hesitate to ask

|  |  |
| --- | --- |
| **Date of application** |  |

**Parent/Carer details**

|  |  |
| --- | --- |
| **Name/s of parent/carer making referral** |  |
| **Relationship to child/young person** |  |
| **Home Address** |  |
| **Mobile Tel No.** |  |
| **Home Tel No.** |  |
| **Primary Carer Email** |  |
| **Will another parent/carer also attend. If so please provide name and relationship to the child/young person** |  |

**Children and young people details for attending the day:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Child/YP** | **Age** | **D.O.B.** | **Gender** | **Ethnicity** | **Disabilities/ Additional / Accessibility needs?** | **School name** | **Current Year Group** | **Case No (office use only)** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Bereavement Details**

|  |  |
| --- | --- |
| **Person who has died** |  |
| **Relationship to child/YP** |  |
| **Cause of death** |  |
| **Please give details of what child/YP has been told about cause of death** |  |
| **Date of death** |  |

The following questions will help us in preparing for the bereavement memory day. If you are referring more than one child and the responses are different, please indicate which child they relate to.

|  |
| --- |
| 1. What was the child/YPs relationship like with the person who died? |
|  |
| 1. Did the child(ren)/YP have the opportunity to say goodbye? |
|  |
| 1. Did they attend the funeral? |
|  |
| 1. Do they visit a special place of significance, e.g. a grave or where ashes are scattered? |
|  |
| 1. Do the child(ren)/YP have a faith / religion that they would like us to be aware of? |
|  |
| 1. How has the child(ren)/YP responded/been behaving since their bereavement? Has their behaviour changed in any way? |
|  |
| 1. Please share with us any aspects of your child/YPs behaviour that we should be aware of when running the day. E.g. detail any behaviour or specific support needs/dietary/medical considerations |
|  |
| 1. Any safeguarding concerns we need to be aware of? |
|  |
| 1. Are there any other professionals involved with the child/(ren)/YP |
|  |
| 1. Sometimes, when grief is revisited, emotions and behaviours may change and can even worsen for a while. Does the child/YP have other avenues of support follo – e.g. family and friends? |
|  |
| 1. Please feel free to add any further information that you think is relevant to this referral. |
|  |

|  |  |
| --- | --- |
| **Please indicate that the child/ren/YP knows this referral is being made** |  |

|  |  |
| --- | --- |
| **OFFICE USE ONLY** | |
| **Referral accepted and confirmation sent to family** | Yes/No |
| **Family call taken place** | Yes/No |
| **Confirmation sent to family** | Yes/No |
| **Added to Lamplight and bereavement memory day log.** | Yes/No |