|  |  |  |  |
| --- | --- | --- | --- |
| **Client Details** | | | |
| **Full Name of the Child/Young Person** |  | |
| **Known as** |  | |
| **Ethnicity** |  | |
| **Gender** |  | |
| **NHS number (if known)** |  | |
| **Date of Birth** |  | |
| **Home Address**  **(Including postcode)** |  | |
| **What School/College does the child/young person attend?** |  | |
| **What School year are they currently in?** |  | |
| **Name of Parent/Guardian** |  | |
| **Phone number Parent/Guardian** |  | |
| **Email Address for Parent/Guardian** |  | |
| **Are you happy for us to leave a voicemail?** | **Yes  / No** | |
| **Are you happy for us to send you a text?** | **Yes  / No** | |
| **Are you happy for us to contact you by post?** | **Yes  / No** | |
| **GP Surgery** |  | |
| **If bereaved, please give name and surname of deceased:** | **Relationship to the child or young person** | **Date of Death** |
|  |  |  |

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| **Please give brief details of the child/young person’s need for support at this time:** |
| **Please tell us what kind of support you think might be most suitable for the child/young person**  **Individual Counselling Group Work**    **Advice and information Social Support**  **What other support does the Child/Young Person have at the moment. Please give details of any other services who are supporting them:** |

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| Referrer Details |

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| --- | --- |
| **Name of Referrer** |  |
| **Organisation Name** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Relationship to referred:** |  |
| **Has the parent/guardian given consent for this referral?** | Yes  / No |
| **Is the child/young person aware of this referral?** | Yes  / No |
|  | **In order to accept this referral we will need consent form the parent/guardian of the child/young person. I f you are not the parent/guardian please contact them to complete the final section of this form before sending it to KEMP** |

**Client Consent**

**To be completed by Parent/Guardian of the child/young person**

**Data Protection Act 1998**

In order to help you we need to maintain a record of your case, which contains “sensitive personal data”. The law says that we must acquire your consent to do this. Everything you convey to us will be treated with the strictest confidentiality. The data Protection Act 1998 defines “sensitive personal data” as information relating to; racial or ethnic origin, political opinions, and religious beliefs or beliefs of a similar nature, membership within a trade union, physical or mental health or condition, sexual preference or sexual life, offences and/or convictions.

**I/We agree to KEMP Hospice acting on behalf of my child and to holding personal data as defined by The Data Protection Act 1998. This data may be added to an anonymous and confidential database and may be used to create statistics and evaluations. We authorise you to use anonymous data in this way.**

**🞏 I/We consent to KEMP holding personal data in this way.**

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| **Can we contact you about hospice news and events?** | **By email** | **By Post** |
| Yes **/** No | Yes **/** No |

|  |  |
| --- | --- |
| **Completed by:** |  |
| **Date:** |  |

**Once we have received your Referral, we will invite your child/young person in for an assessment appointment. Following this your child/young person may be placed on a waiting list. When we are able to offer them support this can usually take place either here at KEMP or at their school.**

**We are unable to offer appointments at home.**

**Enquiries Ring – 01562 756060**

**Email:** [**familysupport@kemphospice.org.uk**](mailto:familysupport@kemphospice.org.uk)

**KEMP Hospice, 41 Mason Road, Kidderminster, DY11 6AG.**