



Name of Child:			Date of Referral:
Date of Birth:	Current Age:	Gender: M/F	Ethnic Origin:
Referred by:		Relationship to Child:	
Telephone Number:		Email address:	
Contact Address:			
Parent Contact:		School Contact	
Address:		Address:	
Telephone:		Telephone:	
Email:		Email:	
What Bereavement has the Child Experienced?			
Child's Presenting Issues:			
Which intervention would support this child? (tick as many as appropriate)			
<input type="checkbox"/> 1:1 Bereavement Therapy <input type="checkbox"/> Peer Support Days <input type="checkbox"/> School Support <input type="checkbox"/> Family Support			
What differences would you like to see as a result of the child accessing support through OWLS?	1.		
	2.		
	3.		
	4.		

When completed, please return this form to owls@janetomlinsonappeal.com