



OWLS School Support Request

Bereavement training and psychoeducation for children, parents and schools

School name:		Referral date:
School address:		
Children on roll:	Number of classes:	Number of staff:
Requested by:		Role in school:
Contact telephone:		Contact email:
The reason(s) for requesting OWLS support:		
The intervention(s) you would like to access (select as many as appropriate): <ul style="list-style-type: none"> <input type="checkbox"/> Whole school assembly <input type="checkbox"/> Year group/class assembly <input type="checkbox"/> Class workshop <input type="checkbox"/> SEAL/PSHE resources <input type="checkbox"/> Staff training <input type="checkbox"/> Parenting class 		
Any other training/psychoeducation requests:		
Number of sessions you require per intervention:		
Any additional needs/issues you would like us to be aware of:		
What would you like to gain as a result of accessing support from OWLS?	1.	
	2.	
	3.	
How did you hear about OWLS?		

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

Registered Charity Number 1113894 (England and Wales)