



Child's name:			Referral date:
Date of birth:	Current age:	Gender:	Ethnic group:
Referred by:		Relationship to child:	
Referrer's telephone:		Referrer's email:	
Referrer's contact address:			
Parent/carer's name(s):		School contact (if known):	
Address:		School name:	
Telephone:		Address:	
Email:		Telephone:	
Has parental consent been obtained? Y/N		Email:	
What bereavement has the child experienced?			
What support is the child currently receiving?			
Child's presenting issues:			
Which intervention(s) would support this child? (Select as many as appropriate)			
<input type="checkbox"/> 1:1 Bereavement Therapy <input type="checkbox"/> Peer Support Day <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.		
How did you hear about the OWLS Bereavement Service?			

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

If you are unable to print and scan this PDF, you can download it in Word, [here](#).

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