



OWLS Referral Form

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?			
When did the bereavement(s) occur?			
What support is the child currently receiving?			
Child's presenting issues – please include changes since the bereavement(s):			
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 OWLS Bereavement Service?			

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

Registered Charity Number 1113894 (England and Wales)