

**ADULT BEREAVEMENT SUPPORT GROUP
REFERRAL FORM**



Jersey Hospice Care

Who can be referred to Jersey Hospice Care Bereavement Support Service?	This counselling service is available to adults in need of support to come to terms with the death of a relative or friend. Please use this form for those over 18 years old.		
Information about the Group	This is a 6-week Bereavement Support Group for adults themed 'Looking Back, Moving Forward'. All those referred to the group will be assessed to ensure that group support is appropriate for them and the content of the course reflects their bereavement.		
DETAILS OF PERSON BEING REFERRED	Name:	Date of birth:	
Address: Post code:			
Email:			
Telephone:	Mobile:	Home:	
GP name and surgery:			
Preferred language:		Preferred method of initial contact: Text/email/telephone	
NATURE OF REFERRAL			
Name of the person who has died:		Age:	
Relationship to the deceased:		When was the bereavement:	

**ADULT BEREAVEMENT SUPPORT GROUP
REFERRAL FORM**



Brief description of cause of death:			
Main worries and concerns at present:			
Consent for the above:	Signature:	Date:	
BEREAVEMENT SERVICE LEAFLET GIVEN	<i>Please return by hand, email bereavement@jerseyhospicecare.com or post to Community Bereavement Service, Clarkson House, Mont Cochon, St Helier, JE2 3JB.</i>		

Data Processing Statement

Jersey Hospice Care is a controller for the purposes of the Data Protection (Jersey) Law 2018. We take our compliance responsibilities seriously and ensure robust safeguards when it comes to protecting your data. Further details about how we look after your personal information and how we use it can be found in our Data Processing Notice on our website at [Jersey Hospice Care Data Processing Notice | Jersey Hospice Care](#).