**Wakefield and District Bereavement Support Service – Referral form**

Provided by The Prince of Wales Hospice

The Wakefield and District Bereavement Support Service is provided by The Prince of Wales Hospice, which anyone over the age of 18, registered with a Wakefield GP can access. If this is something you wish to do, this is a document to outline the service we provide and our mutual agreement.

In order to identify the most appropriate service for you we need to find out a bit more about you and your needs. We do this during an initial assessment session. This is a space to explore your thoughts, feelings and a focus on what you need. It might be that we are not the best service to meet your needs, if this is the case we will provide information about more suitable services.

**Personal data**

Maintaining your privacy is important to the service. Your information will not be shared without consent unless staff feel there is risk to you or others. Your information is stored on SystmOne as part of your medical record, which means the information is not destroyed and will remain on your medical records permanently. This is an NHS shared electronic system, it is important for you to know that if you do not consent to registering on the system we cannot accept you into the service, as we are required to maintain records. We retain identifiable information such as your name, date of birth, address, telephone, questionnaires, and any additional documentation required, such as consent forms. We also keep brief notes of the telephone call between you and your worker. Information stored on SystmOne is not destroyed and will remain on your Medical Records permanently. You can access your records if you wish by contacting Joanne Schofield, Director of Clinical Services on [**jschofield@pwh.org.uk**](mailto:jschofield@pwh.org.uk)We do collect data for Wakefield District Health & Care Partnership who fund the service, all information is anonymous. We use the data we collect to improve our service and for audit reasons.

On occasion we may need to send SMS messages to your mobile device, leave messages on your phone and/or write to you. If you do not want us to contact, you in this way please complete the opt out section below.

**Attendance**

If you are unable to attend your appointment, please contact the Bereavement Team on 01977 781452 or email [bereavement.pwh@nhs.net](mailto:bereavement.pwh@nhs.net) Please provide at least 24-hour notice so we can offer the appointment to someone else. If you cancel with less than 24-hour notice twice or do not attend your appointment without letting us know we will assume you no longer wish to continue with the service and will discharge you.

|  |
| --- |
| **🞏**  I have read and understood the information on this document and the basis on which it will process my personal data, as outlined.    Name: Date:  **🞏**  I agree to all of the above but I do not wish to receive messages, phone calls or mail.  Name: Date: |

|  |
| --- |
| **This form gathers some basic contact information so a worker can contact you** |
| Name: |
| Telephone Number: |
| Address: |
| Email Address: |
| Date of Birth: |

**You can only refer for yourself in this service, unless you are a professional.**

Are you referring for yourself?

**🞏**  **Yes**

**🞏 I am a professional and I have consent to refer the client**

***If you do not have consent from the person we cannot process the referral and we ask that the person who wants to access the service makes the referral ether by this form or by telephoning 01977 781452.***

The Prince of Wales Hospice

Halfpenny Lane

Pontefract

West Yorkshire

WF8 4BG

Call: 01977 781452

Click: [www.pwh.org.uk/bereavement](http://www.pwh.org.uk/bereavement)

Email: [bereavement.pwh@nhs.net](mailto:bereavement.pwh@nhs.net)

**(Only for Professional Referrals)**

If you are a professional, please fill in the below additional information.

|  |  |
| --- | --- |
| Further Details | |
| GP Name  Address | |
| Nature of Bereavement | |
| Who Died | Date of Death Sudden or Expected Death  *(Please delete as appropriate)* |
| Reason for referral | |
| Any known risks this includes: thoughts, plans and any history of: suicide, self-harm, alcohol, drugs, eating problems or harm to/from others including children. Also include protective factors. | |
| Referrer Details | |
| Name  Contact Details  Signed Dated | |

**Please return completed form to:** [**bereavement.pwh@nhs.net**](mailto:bereavement.pwh@nhs.net)