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**Referral form for adults for the Bereaved by Suicide Service in**

**Worcestershire**

Please complete as much of the referral form below as possible.

***DO WE HAVE CONSENT TO CONTACT THE SERVICE USER?***

**YES NO**

**REFERER:**

|  |  |
| --- | --- |
| NAME: | ORGANISATION |
| TEL NO: | EMAIL ADDRESS:  |

**SERVICE USER DETAILS:**

|  |  |
| --- | --- |
| NAME: | DATE OF BIRTH: |
| ADDRESS: | TELPHONE NUMBER: |
| EMAIL ADDRESS: | GENDER: |
| GENDER AT BIRTH: | SEXUAL ORIENTATION: |
| RELIGION: | NATIONALITY: |
| ETHNICITY: | ADDITIONAL NEEDS/ REASONABLE ADJUSTMENTS: (e.g. Language support) |
| RELATIONSHIP TO DECEASED: |  |

**DETAILS OF DECEASED:**

|  |  |
| --- | --- |
| NAME: | DATE OF BIRTH: |

**INCIDENT DETAILS:**

|  |  |
| --- | --- |
| DATE OF INCIDENT/DEATH IF DIFFERENT: | METHOD OF SUSPECTED SUICIDE: |
| LOCATION OF SUSPECTED SUICIDE: | DID SERVICE USER DISCOVER DECEASED:YES NO  |

**FURTHER INFORMATION:**

|  |  |
| --- | --- |
| IS THE SERVICE USER CURRENTLY RECEIVING SUPPORT FROM OTHER SERVICES (if yes, please list) | ANY POTENTIAL RISKS FOR A CASEWORKER TO BE AWARE OF WHEN VISITING THE HOME ADDRESS? |
| ANY OTHER INFORMATION |   |

Victim Support will always protect the confidentiality of service users and will not pass on personal details or any other information that could identify someone without their permission, unless we believe that person or someone else is at risk of harm or if there is a legal reason or requirement to disclose the information. Find out more about [confidentiality](https://www.victimsupport.org.uk/help-and-support/how-we-can-help/confidentiality). For more information on how Victim Support uses your data see [**www.victimsupport.org.uk/privacy-policy**](http://www.victimsupport.org.uk/privacy-policy)

Please email this form to worcs.bbs@victimsupport.org.uk

Please ensure the document is password protected and the password is sent on a separate email.