



OCEANS Grief and Loss Programme

North Otago Referral Form for Children

To be completed by the referring agency (with the caregiver's permission), or the caregiver

Referring agency (if applicable): _____

Referred by: _____

Email: _____ Phone: _____

Consent for referral obtained from caregiver (tick one): Yes No Date: _____

Caregiver's details:

Name: _____

Phone: _____ Email: _____

Address: _____

Child(ren's) details:

Full name: _____ DOB: _____ Gender: _____

Full name: _____ DOB: _____ Gender: _____

Full name: _____ DOB: _____ Gender: _____

Relationship to child: Parent / Guardian / Other (please specify): _____

Briefly describe the loss/grief:

When did the loss occur? _____

When you have filled out this form, please do one of the following:

- Scan and email it to: OCEANS.Oamaru@FamilyCare.org.nz
- Post it to: OCEANS Programme Coordinator
Anglican Family Care
23 Coquet Street
Oamaru 9400

Once we have received this form, we will contact you with information about the programme and when the next course will be available. Thank you.