

Here for families of seriously-ill children. Always.



Sebastian's Action Trust Referral Form

Once we have received your referral form we will contact you to confirm receipt. The second phase of the referral will involve the us making contact with your Consultant/CCN or social worker (if applicable).

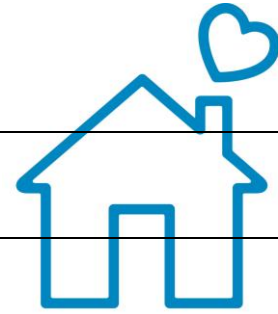
Personal Details

Child's full name	
Child's date of birth	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's School	
Home Address	
County	
Postcode	
Mum's Name	
Occupation	
Dad's Name	
Occupation	
Contact numbers	
Home	
Mobile Mum	
Mobile Dad	
Email Mum	
Email Dad	
Contact in case of emergency	Name: Number:
Child's Condition	
Being treated at	
Consultant Name and Contact details	Name: Telephone: E-mail:
CCN (Children's Community Nurse)	Name: Telephone: E-mail:
Social Worker (if applicable)	Name: Telephone: E-mail:

Sebastian's Action Trust

Unit 8, Tanners Yard, London Road, Bagshot, Surrey, GU19 5HD
 Tel: 01344 622500 info@sebastiansactiontrust.org www.sebastiansactiontrust.org
 Registered Charity (No.: 1151146) & Company Limited by Guarantee (No.: 8339436)

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Key Worker (if relevant)	Name: Telephone: E-mail:
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Siblings	
Name and Date of Birth	
Name and Date of Birth	
Name and Date of Birth	
Name and Date of Birth	

Please indicate below a maximum of five services that you feel would offer the most support your family at this time (after 6 months of support this can be reviewed to best meet your families needs):

Other Services

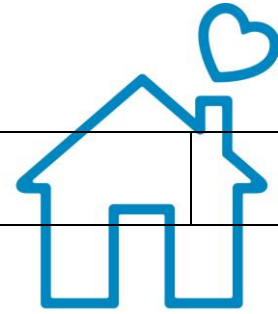
Emotional support through 1 – 1, drop in or group sessions	
Child Support Worker – individualised activities adapted to the child's needs	
Volunteer Befriending Service	
Siblings support – individual activities	
Hospital visits – accompany or to spend time with a child at home or hospital	
Advocacy with meetings involving other healthcare professionals	
Financial assistance, debt management, grant applications, form completions	
Practical support at home/shopping	
Programme of events - meeting others in similar situations	

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Access to Bluebells pool and day visits



For office use only

Date Referral Received:
Date Referral Allocated to Outreach:
Allocated case to:

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