

Here for families of seriously-ill children. Always.

V3 October 14



Sebastian's Action Trust Referral Form

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	
Child's Condition	
Being treated at	
Consultant	
GP	
Other Key Workers	
Referred to SAT by	

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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Siblings	
Name and DOB	
Name and DOB	
Name and DOB	
Name and DOB	

Please indicate below a maximum of three services that you feel would offer the most support your family at this time:

Other Services

Emotional support through 1 – 1, drop in or group sessions	
Would you be interested in being contacted by our Youth Support Worker	
Befriending Service	
Siblings support – individual activities, programme of events meeting others in similar situations	
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	

For office use only

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

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MONITORING FORM

Housing	Owner/Occupier
	Privately Rented
	Council (name)
	Housing Association (name)
	Prefer not to say

Ethnic origin of each family member:

British					
Irish					
Other white background					
Indian					
Pakistani					
Bangladeshi					
Other Asian					
White/black Caribbean					
White/black African					
White/Asian					
Other mixed (specify)					
Caribbean					
African					
Other black background					
Chinese					
Any other ethnic group					

P.T.O.

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Disability (Parent ONLY)

Do you consider yourself to have a disability?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Religious Beliefs:

I/we would describe my religious background/belief as

I/we have no religious beliefs

Prefer not to say

Sexual Orientation:

Heterosexual

Gay

Lesbian

Bi-sexual

Prefer not to say

Declaration:

I agree to Sebastian's Action Trust holding the information provided in this questionnaire in order to create a database of families requiring their support. I understand this information will be used by the charity to offer emotional, practical and specialist break support to my family, tailored to our needs but within their capability to administer and deliver.

Signed:

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