

Here for families of seriously-ill children. Always.



Sebastian's Action Trust Professional Referral Form

Our criteria for taking on new referrals are that the child must have a life-shortening condition according to NICE Guidelines:

Group 1 – Life threatening conditions for which curative treatment may be feasible but can fail. (E.g. cancer, irreversible organ failures of heart, liver, kidneys.)

Group 2 – Conditions where premature death is inevitable. (E.g. cystic fibrosis)

Group 3 – Progressive conditions without curative treatment options. (E.g. Batten disease, mucopolysaccharidoses, muscular dystrophy.)

Group 4 – Irreversible but non-progressive conditions causing severe disability leading to susceptibility to health complications and likelihood of premature death. (e.g. multiple disabilities such as brain or spinal cord insult.)

On receipt of the referral, a medical professional will be contacted to confirm diagnosis meets our criteria.

Child's full name	
Child's date of birth	
Gender	Male Female
NHS Number	
Child's Condition	
Home Address	
County	
Postcode	
Mum's Name	
Contact Number/ Email	
Dad's Name	
Contact Number / Email	
Referred by	Name: Telephone: E-mail:

Sebastian's Action Trust

The Woodlands, Upper Broadmoor Road, Crowthorne, RG45 7FN
 Tel: 01344 622500 info@sebastiansactiontrust.org www.sebastiansactiontrust.org
 Registered Charity (No.: 1151146) & Company Limited by Guarantee (No.: 8339436)

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Medical Professional (consultant/CCN)	Name: Telephone: E-mail:
Siblings	
Name and Date of Birth	
Name and Date of Birth	
Any safeguarding concerns for this family (to include persons close to the family that may pose a risk)?	

Notable Safeguarding Concerns

All information disclosed will remain confidential and no judgements will be made. Please do not share any information which the family has not given consent to share.

This information is being requested as staff are lone workers and we host communal events bringing together at risk children, in the interest of keeping staff and other service users safe please disclose any relevant information, such as;

- History of/current domestic abuse
- History of/ current substance misuse
- History of/ current mental health diagnosis/concerns
- Parental special needs
- History of/ current sexual abuse
- Current child protection plan
- Any other relevant information that you feel we should be aware of in supporting the family

Please give details of other organisations/support services the family is accessing so that we can work collaboratively to provide the best care for the family:

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Parent/Guardian signature to confirm they agree to referral:

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