



Initial Contact Form

We need to take some of your personal details which will be held on our files to enable you access to the services we provide. This information will help us to ensure that you are signposted to suitable support. All information you provide will be treated as confidential and kept secure. We take your confidentiality seriously. We may with your express permission share your details with other organisations that can offer additional support. We will only do this with your permission unless we are legally required to do so, or if we believe that you or another person is in danger. Your information will be held on our files for a period of 10 years or until such time that you request removal. Please sign and date below to confirm that you agree to us holding and using your personal information in this way.

Signed Date

Family details	
Full Name	
Email Address	
Contact Telephone Numbers	
Address	
Person who died	
Name	
Date of birth	
Relationship to children	
Cause of death (how died)	

Children who may need support

Name	Age	Gender	Date of birth	School	Relationship to the person who died

Emergency contact details

Emergency Contact Name

Emergency Contact Number

GP Contact details

Needs assessment

What are you struggling most with at the moment?

Are you receiving support from any other services at the moment (e.g. GP, mental health team, counsellor)

Yes

No

If yes who is supporting you and briefly state the type of support they are providing?

What support do you feel you most need at present?

e.g. Support Pack, Practical Advice

Which age group do you belong to?

- Under 18 (if under 18 parental consent is required)
- 18 - 25
- 26 - 35
- 36 - 45
- 46 - 55
- 56 - 65
- 66+

How would you describe your ethnic background?

- English / Welsh / Scottish / Northern Irish / British
- White Irish
- White Gypsy Traveller
- Any other white background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / Multiple ethnic background
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian Background
- African
- Caribbean
- Any other Black/African/ Caribbean background
- Arab
- Any other ethnic group
- Prefer not to say

How would you describe your gender?

- Female
- Male
- Prefer not to say
- Other:

Who referred you to Sunflowers?

- Coroner
- Police
- Healthcare Professional
- Relative or Friend
- Myself
- Other:

If you referred yourself, how did you find out about Sunflowers?

- Sunflowers Website
- Support Pack
- Social Media
- Word of Mouth
- Police
- Coroner
- Healthcare Service
- Counselling Service
- Other: give details _____