

Parental consent (Form A)



children's hospice
SOUTH WEST

If this is an urgent, fast track referral, please call 01271 321 999

Complete the form below in BLOCK CAPITALS and together with the completed Referral (Form B) return to: Care Team Admin, Children's Hospice South West (head office), Little Bridge House, Redlands Road, Fremington, Barnstaple EX31 2PZ or email: careteam.chsw@nhs.net

Details of child/young person

First name:	Surname:
Known as:	Date of birth:
Address:	Gender:
	Postcode:
Home tel:	Mobile tel:
Email:	
Nursery/school/college (if applicable):	

Details of parents

Parent name:	Parent name:
Do you have parental responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have parental responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (if different to above):	Address (if different to above):
Postcode:	Postcode:

Details of siblings

Sibling names and dates of birth:
Nursery/school/college (if applicable):



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Registered Charity No. 1003314



Parent consent (Form A)

Ethnicity, faith, culture and belief

Please tick box as appropriate:

Ethnicity

White British	<input type="checkbox"/>
White Irish	<input type="checkbox"/>
White (other)	<input type="checkbox"/>
White and Black Caribbean (mixed heritage)	<input type="checkbox"/>
White and Asian (mixed heritage)	<input type="checkbox"/>
White and Black African (mixed heritage)	<input type="checkbox"/>
White and Pakistani (mixed heritage)	<input type="checkbox"/>
Other mixed heritage	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Asian (other)	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>
Black African	<input type="checkbox"/>
Black other	<input type="checkbox"/>
Chinese/Far Eastern (all)	<input type="checkbox"/>
Any other ethnicity	<input type="checkbox"/>
Declined to say	<input type="checkbox"/>

Faith, culture and belief

Atheist/Agnostic	<input type="checkbox"/>
Buddhism (all denominations)	<input type="checkbox"/>
Christian (all denominations)	<input type="checkbox"/>
Hindu (all denominations)	<input type="checkbox"/>
Judaism (all denominations)	<input type="checkbox"/>
Muslim (all Islamic denominations)	<input type="checkbox"/>
Sikhism	<input type="checkbox"/>
Other	<input type="checkbox"/>
Declined to say	<input type="checkbox"/>

First language:

Interpreter required? Yes No

Please tick the following statements as appropriate, sign, date and return the form to Children's Hospice South West

- I/we agree to this referral being considered by Children's Hospice South West and give consent to Children's Hospice South West to contact the individuals listed on the 'professional contacts' list and to share information with them regarding the care and treatment of my child.
- I/we have read and understood the leaflet 'information held about your child and family by Children's Hospice South West' and agree to the storage and sharing of information as outlined in the leaflet.

Signature:

Date:

Signature:

Date:

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Has Form C been requested via the Lead Paediatrician? Yes No

