Cruse Bereavement Care
Gofal Mewn Galar
Rhywle i droi pan fydd rhywun wedi marw
Somewhere to turn when someone dies

Bereavement Support

SELF REFERRAL

PART A

Cruse North Wales Ref No:

BSA-S 06/09/14

ENQUIRY FORM

DATE .....

I would like to be considered for Bereavement Support from Cruse.

A: YOUR NAME & DETAILS

1. Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms *(Please tick)* ✔
2. First name .....

   Last name .....
3. Address .....

   .....

   . .....

   .....
4. Post code .....
5. Date of Birth .....
6. Language Preference *(Please tick)* ☐

   ☐ Welsh ☐ English ☑ Other .....
7. Home Tel no .....
8. Mobile no .....
9. Work Tel no .....
10. Email address .....
11. Preferred way to contact you

    .....

B: TELL US ABOUT THE PERSON WHO HAS DIED

12. Name and age of the deceased .....
13. Relationship of the deceased to you .
14. Date of death .....
15. Place of death .....
16. Cause of death .....

C: PLEASE COMPLETE THIS SECTION ONLY IF A THIRD PARTY HAS RECOMMENDED THAT YOU CONTACT CRUSE *eg your Doctor*

17. Name/Organisation (3rd Party)

    .....
18. Their Address

    .....

    .....
19. Their Tel No: .....:

D: GENERAL

20. How did you hear of Cruse?

    .....

    .....

    .....

FOR OFFICE USE ONLY

ACTIONS	Date	Any Follow Up Action	Date	Any Follow Up Action	Date	_	Date
BSA sent						BV Clos Rcvd	
BSA rcvd & chk						Eval sent	
Assessment						Eval rtnd	
Allocation						ST	
Date BV (1st)						CL	

PLEASE COMPLETE & SAVE YOUR COPY THEN SEND IT BY EMAIL TO: *northwales@cruse.org.uk*
OR PRINT & POST TO: Cruse Bereavement Unit 5, Bryn Cefni Industrial Estate, Llangefni, Anglesey LL77 7XA

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Bereavement Support -

APPLICATION PART B

Cruse North Wales Ref No:

TELL US ABOUT THE PERSON WHO HAS DIED & YOU

1. Name and age of the deceased .....
2. Relationship of the deceased to you blank .....
3. Date of death..... 4. Place of death .....
5. Cause of death .....
6. Is there a particular anniversary or special occasion coming up that you might find difficult to cope with?

   ☐ Y ☐ N If yes please give details: .....

TELL US ABOUT YOUR CIRCUMSTANCES

7. Are there any formal processes pending which are having an influence on your bereavement such as court case, inquest, probate, etc? ☐ Y ☐ N

   If yes, please give details .....

8. Do you receive support from any of the following (please give further details):

   a. Family members .....
   b. Friends & neighbours .....
   c. Outside groups/organisations .....

9. Are there any children aged under 19 living at your home? ☐ Y ☐ N

   If yes, how many children live with you .....

10. Have you experienced other losses and bereavements in the past? ☐ Y ☐ N

    If yes, please give details .....

    .....

11. Have you received any counselling/support in the past?.....

TELL US ABOUT YOUR MEDICAL SUPPORT & CONDITIONS

12. Are you receiving any medical help at present and/or are you on medication? ☐ Y ☐ N

    If yes, please specify .....

13. Please provide the name of your doctor and the contact number

    ..... */ continued over*

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Bereavement Support -

APPLICATION

Cruse North Wales Ref No:

THIS HELPS US IN CONTACTING & MEETING YOU

14. Do you live alone? ☐ Y ☐ N

15. Do you work? ☐ Y ☐ N

    If yes are you able to get time off during the day? ☐ Y ☐ N

16. Is it acceptable to leave a message on your phone? *Mobile:* ☐ Y ☐ N *Home Tel:* ☐ Y ☐ N

17. When is the best time to make contact? ☐ Morning ☐ Afternoon ☐ Evening ☐ Anytime

18. Do you have a disability? ☐ Y ☐ N

    If yes please give details .....

DESCRIBE YOUR CONCERNS & FEELINGS

19. What are your main concerns or worries at present?

    .....

    .....

    .....

    .....

    .....

    .....

    .....

    Are you affected by these issues ☐ some of the time ☐ most of the time ☐ all of the time *(please tick one box)* ☑

20. Tell us your story. Please use the rest of the page to express your feelings and thoughts on your grief and bereavement *(continue on a separate page should you wish)*

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YOUR CONFIDENTIALITY: Cruse operate strict confidentiality procedures in line with best practices as recommended by BACP. This is in addition to the normal requirements covered by the Data Protection Act 1998.