

Bereavement Support Contract

Name of child:

School attended:

Member of staff:

Support already provided in school:

External support the child is accessing:

We understand that by completing this contract and referral we are agreeing that:

- The child is able to sit and participate in a bereavement support session lasting a minimum of 30 minutes.
- The child is aware of the referral and is agreeable to support.
- The child is willing and able to actively engage in the sessions.
- The child will receive up to 6 sessions, prior to a reassessment of their bereavement support needs.
- The school will notify the allocated bereavement support worker if the child is not in school, or if the session needs to be cancelled.
- The school will ensure a quiet space is provided for the session to be carried out.

Role	Name	Signature	Date
Parent/guardian			
School:			
Child (if over 11 years of age)			
Referrer (if not school or parent):			