Referral Form

Support after Suicide

Advocacy - Emotional Support – Counselling - Advice & Guidance - Help

When someone dies by suicide, the ripples of trauma affect so many, families, of course, but also friends, neighbours, colleagues and professionals. We are here to support you, so it does not matter when, where, how long since, or how you are connected to suicide, you can access our support. Bereavement is a painful experience, and when loss occurs after a suicide, there are added complexities, unanswered questions and overwhelming emotions.

This is a free service, so to access our support, complete and return the form.

|  |  |  |  |
| --- | --- | --- | --- |
| Is this support for yourself or someone you know | |  | |
| Full Name |  | Date of Birth |  |
| Contact Number |  | Gender |  |
| Email Address |  | | |
| Address |  | | |
| GP Name, Address & Number |  | | |
| What support do you feel you need at this moment?  Add any information that may help us support you? |  | | |

How We Work – Support after Suicide

We completely understand that everyone is unique and individual, as is your loss. Whatever support you are needing right now, we are here to listen, compassionately. Once we receive your referral, we will contact you for an assessment so we can offer you flexibility and open to your changing needs.

In additional to supporting you in your grief, we can offer a postvention support service and help deal with the practical issues that may arise including liaising with schools, carers, employers, funeral directors, police and coroner’s office. We can attend meetings inquests and provide help with any media coverage. We can support individuals’ families and friends as a group. We can make home visits, or meet somewhere else you may prefer, we also support online, virtually or by telephone.

To help us in giving the most suitable advice and support, please outline as much information as you can.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of person deceased |  | | |
| Relationship to you |  | | |
| Date of birth |  | Date of death |  |
| Any Additional Information provided/obtained e.g. Date of suspected suicide, cause of death, location of death, relationship of person finding deceased. |  | | |
| If you are referring someone into the service, please confirm your details and your organisation. |  | | |

Please complete this form and return it to [support@wemindandkellymatters.org.uk](mailto:support@wemindandkellymatters.org.uk)