

# Referral Form (1/1)



**Please complete the referral form and return it to The Hummingbird Centre. A representative from the Children's Team at The Hummingbird Centre will contact you as soon as possible.**

Name of referrer \_\_\_\_\_  
Position of referrer/relationship to child \_\_\_\_\_  
Name of school \_\_\_\_\_  
Name of child \_\_\_\_\_  
Age of child \_\_\_\_\_  
Referrer's Contact number \_\_\_\_\_

Brief overview of the child's situation and what support would be beneficial. Does the child have cancer or is it a relative (please specify the relationship)? How does the referrer feel the child would benefit from coming to The Hummingbird Centre?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does the parent/guardian feel the child is coping? Has there been a difference in the child's behaviour?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_