

Mind BLMK – Bereavement by Suicide Support Service (MK) Referral Consent Form

Has the bereaved relative been informed of the Mind BLMK Bereavement By Suicide Support Service?
Has the Mind BLMK service leaflet been given or sent?
Has the bereaved relative consented to receiving the service and provided relevant contact details including brief information about their loved one and the suspected suicide (name, relationship, age, method and location)?
Does the bereaved relative understand that they will receive a phone call from Mind BLMK in the first instance to arrange an appointment?
Was consent obtained in person or over the phone?

Please obtain the details requested below. You will be able to get the information about the deceased relative from the relevant paperwork. Please ensure you have obtained consent to share it.

Name of Bereaved Relative:	
Telephone number:	
Address:	
Relationship to deceased:	
Name of deceased:	
Age of deceased:	
Date of incident:	
Method of suspected suicide:	
Location of suspected suicide:	

Did the relative discover the deceased?	
Additional comments:	

Confidentiality

Please indicate below that the person you are referring consents to Mind BLMK collecting, recording and processing their personal data for the purpose of providing support and to ensure their health, safety and wellbeing.

Mind BLMK will use their information appropriately and in line with our Privacy Policy which can be seen here: [Privacy Policy](https://www.mind-blmk.org.uk/privacy-policy) (https://www.mind-blmk.org.uk/privacy-policy). Their details will not be shared with anyone else without their consent. If they have any concerns or questions about how their personal data is collected and used, please advise them to ring our HQ on 0300 330 0648 or email hq@mind-blmk.org.uk. Please note that without the person's consent you will not be able to submit this form and access Mind BLMK specialist bereavement services.

Please note: Where information is given in confidence that Mind BLMK believes poses a risk to the service user, a risk to other people, a risk to the safety and welfare of a child, or is against the law, we reserve the right to disclose that information to a relevant third party.

Consent was obtained by:

Name:

Position and organisation:

Contact telephone:

Signature:

Please email this form to hq@mind-blmk.org.uk



Mind BLMK T: 0300 330 0648, W: mind-blmk.org.uk

Registered Company Address: **The Rufus Centre,**
Steppingley Road, Flitwick MK45 1AH

Registered Charity No: **1068724** Registered Company No: **3511342**