



forever held

FOUNDATION

REFERRAL

This form is to be completed by a relevant health professional.

_____ *(insert date)*

To The Forever Held Foundation,

I would like to refer my patient/client

_____ *(insert patient/client name)*

for a short-stay at the Forever Held retreat.

I confirm that my client/patient meets the eligibility requirements (outlined below) for a short-stay through their own experience of child loss on

_____ *(insert date of child loss).*

Kind regards,

_____ *(signature of health professional)*

_____ *(Printed name/stamp of health professional)*

FOREVER HELD FOUNDATION

Our mission is to provide short stay retreat accommodation at no cost for parents grieving the loss of a child.

ELIGIBILITY:

Forever Held Foundation is a registered charity that offers support for parents and families who have experienced the death of child through miscarriage, stillbirth, medical termination, infant death, illness or accident. Any bereaved parent who has experienced child loss from conception to age 18 is eligible for a short stay (2-5 nights) at our retreat. Whilst we will endeavour to accommodate all requests, priority will be given to those who have experienced child loss within the previous 12 months. However, Forever Held recognises that the experience of grief is ongoing, so please continue to refer a patient/client who you believe may benefit from a short stay no matter how much time has passed.