CLIC Sargent Referral Form: OXFORD TYA SERVICES

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| **Referral Date:** |  | |
| **Name, Role and Contact Number of NHS Healthcare Professional making the Referral:** |  | |
| **Patient Name: Address:** |  | |
| **Young Person’s Date of Birth (16 - <25yrs):** |  | |
| **Is the young person aware of the referral?** |  | |
| **Contact number(s) the young person would like us to use:** |  | |
| **Young person’s next of kin:** |  | |
| **Type of confirmed Cancer or Bone Marrow Failure Diagnosis, communicated to the young person:** *(If diagnosis is not confirmed please state circumstances, e.g. awaiting histology, diagnosis based on scans, cancer of unknown origin. Note we do not accept unconfirmed diagnoses unless there are unusual circumstances that have been communicated to the immediate family / legal guardians)* | |  |
| **Date that the young person was informed of a confirmed cancer or bone marrow failure disorder diagnosis:** | |  |
| **Is the patient eligible for free NHS Services? Please state any specific circumstances such as asylum seeker or refugee:** *(We do not accept referrals for non-EU citizens who are being privately funded by government, employer or self-funding)* | |  |
| **Are you making a special case referral for a benign or low grade disease that is behaving like malignancy, is requiring cancer-like treatment, or there is a high treatment burden and this information has been shared with the patient?** | | ***Please speak to a member of the CLIC Sargent Team about this young person and (with their consent), share the approach you are taking with their treatment. You can provide details here:*** |
| **Please use this space to write any additional information we need to know prior to approaching the young person such as language barriers, vulnerable adult, disability or learning difficulties, preferences in regard to the word cancer in the presence of young person’s own children / partners, etc …** *Consider GDPR (General Data Protection Regulations) and only provide information that is relevant to the referral and has appropriate consent. We will also obtain consent to work with the young person as part of the MDT, direct with them after referral, if they take up the service offer.)* | | |

# This form should be used to provide CLIC Sargent with the correct basic information regarding new referrals to enable an introduction to CLIC Sargent and service offer to take place (this may be via a meeting, phone call or letter).

# You must make the young person aware you are making a referral. This form should also be used to re-refer to CLIC Sargent following a relapse.

# It does not commit a young person to accept the service. The service begins after they accept the offer of support from a CLIC Sargent worker and sign consent and confidentiality forms.

# Information provided on this form will be shredded if the young person chooses not to accept the service offer after the introductory meeting, in accordance with data protection.

# Please use alternative forms for referrals from CHILDREN’S CANCER SERVICES or parent self-referrals for children

## Who we support:

1. Children and young people are eligible for a grant and services if they are diagnosed with cancer or bone marrow failure disorder before their 25th birthday.
2. The child or young person must be eligible for free NHS cancer treatment within the UK, including members of (or child of) HMS Armed Forces and diplomatic core/embassies.
3. The child, young person, immediate family or legal guardian have been given a confirmed cancer or bone marrow failure disorder (BMFD) diagnosis by an NHS service in the last 12 months.

The eligibility criteria is the same irrespective of whether a child or young person is under the care of paediatric, teenage & young adult, or adult service.

Young People (16-24) in local adult services with no local CLIC Sargent workers can additionally self register and apply for a grant direct via this url <http://www.clicsargent.org.uk/content/financial-support-0>

**Send completed forms to:** [marc.sidwell@clicsargent.org.uk](mailto:marc.sidwell@clicsargent.org.uk) and/or [peggy.newton@clicsargent.org.uk](mailto:peggy.newton@clicsargent.org.uk)