

Care of Next Infant (CONI) Scheme Referral Form

Referrer details

Name:

Job Title:

Email:

Contact Number:

Date of Referral:

Client Details

Full name of parent/carer:

NHS number:

Contact Number:

Date of Birth:

Interpreter Required: YES ☐ NO ☐

- Language required:

Family known or previously known to Childrens Services: YES ☐ NO ☐

- Name of current/previous social worker:

- Email of current/previous social worker:

- Brief summary of reason for Children's services involvement detailing any other children in the family:

Consent

Has consent been given for referral: YES ☐ NO ☐

Reason for referral (Please give details of the circumstances of the infant/child's death)

Name of infant:

Date of birth:

Date of death:

Brief summary of circumstances surrounding the SUDI:

Have parent(s) received bereavement support previously? YES/NO

Please detail who this support was received from:

Please email this form to:

- cs.h.advice@nhs.net for families living in West Surrey
- fchc.hvadvice@nhs.net for families living in East Surrey

If you have any questions about the CONI scheme or referral please email cs.h.conitriagesurrey@nhs.net. Thank you.

Information and support about the CONI Scheme and sudden and unexpected death of an infant can be found at: Lullaby Trust - [Care of Next Infant \(CONI\) - The Lullaby Trust](#)