



Group Grief Counselling Program Referral Form

Friends of Living and Learning Through Loss (LTL) is a registered Charity provides a virtually delivered, group program grief counselling support for youth, aged 13-24, experiencing loss, bereavement and grief. This program, lead by a qualified counsellor and co-facilitator, provides 8 sessions over an 8 week period, that incorporates peer to peer support.

Referrals to LTL Group Programs can be made by parents, teachers, school or other counsellors and by the client themselves. Reasons for referral include the loss of a family member, friend or pet; illness/injury, divorce/separation, move to new community/country, struggling with loss and uncertainty due to pandemic, etc.

Upon completion of the screening and intake process, Group Program Referrals are added to a wait list until we have enough referrals within the appropriate age range to assemble a group. If the person being referred needs more urgent support we recommend completing a referral form for individual short-term counselling.

Requirements and responsibilities for acceptance into Group Grief Counselling:

- Youth who reside in the Capital Region District (CRD)
- Voluntary participation and commitment to attending all the sessions
- Participants are not under the influence of alcohol and/or drugs
- **Please download, complete and email this referral form to info@learningthroughloss.org**

LTL does not provide complex trauma counselling services.

Referral Information													
Referral Date						Referred by:							
Agency or Relationship						Tel:							
Email						Home Office							
						Mobile							
Client Information													
Client First/Last Name								Date of Birth (D/M/Y)					
								Current Age					
Gender Pronoun				School/School District						Grade			
Client Mobile						Client Email							
Address						Municipality			Postal Code				
Permission to Contact [Y / N]		Text		Phone		Email		Best Time to Reach					
Parent Guardian /Emergency Contact Information													
Client is of legal age of Consent (18+) [Y / N]		Yes	No	Client Requires Parental Consent [Y / N]		Yes	No	Client is a mature minor under Section II of Article 12 of the Convention on the Rights of the Child and Children's Participatory Rights in Canada [Y / N]			Yes	No	
Emergency Contact Name							Mobile						
Relationship to Client													
Loss Information													