

**Please return form by Thursday 5th September  
2013 to:  
Grampian Child Bereavement Network  
C/o MHA  
1 Alford Place  
Aberdeen  
AB10 1YD**



**I wish my child/young person to attend Grampian Child Bereavement Network's Activity Day for bereaved children or young people on Saturday 14<sup>th</sup> September from 1.30 – 4.00pm at Mannofield Church Centre**

Name of child .....

Name that the child is known by, if different from above .....

Child's Address .....

Child's date of birth .....

Your Contact information.....

Home phone number .....

Mobile phone number .....

Email address .....

Where your child has any health or other specific needs that we need to be aware of, can you please give us this information:

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Can you please give us a brief description of the bereavement that your child has experienced:

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Signature .....

Date .....