



**Bereavement Care**  
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www.bereavementcareandsupport.co.uk

### **INTRODUCTION TO BEREAVEMENT SUPPORT WEBINAR – September 2020**

This 2-session Zoom Webinar will cover basic listening and responding skills. It also considers the pattern of grief and the support that can be offered to people who have experienced bereavement, particularly during the pandemic and with due regard to current restrictions.

It is the **MINIMUM REQUIREMENT** that is considered essential for new volunteers to start supporting bereaved clients by telephone or video communication.

**This is NOT a replacement for the 2-day Initial Bereavement Training (IBT) Course and those attending the Webinar would be expected to attend an IBT Course as soon as it is safe to do so, if they are to continue volunteering as Bereavement Visitors.**

**This course is held over two Saturday mornings (a fortnight apart)**

**DATES:** Saturday 12<sup>th</sup> September **AND** Saturday 26<sup>th</sup> September 2020  
**TIME:** 10.00am - 12.00pm (BOTH DAYS)

Participants will need access to a computer/tablet on which the Zoom Conferencing Software has been downloaded <https://zoom.us/download>  
Participants should also ensure that for the 2 hours each morning, they will be able to listen without interruption and will be able to maintain confidentiality.

**COST OF WEBINAR:** £25.00

Please make payment by Bank Transfer to: Bereavement Care  
Sort Code: 40-23-13 Account Number: 42281287 Reference: ITBSW

**Please return applications as soon as possible (no later than Monday 7<sup>th</sup> September)**

**PLEASE NOTE: *It is our policy not to accept on these courses, anyone who has had a close bereavement within the last two years.***

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### **INTRO TO BEREAVEMENT SUPPORT WEBINAR – Sat. 12<sup>th</sup> & Sat. 26<sup>th</sup> September 2020**

**NAME:** .....

**ADDRESS:** .....

..... **POSTCODE:** .....

**PHONE NO(s):** .....

**\* E-MAIL ADDRESS:** .....

*\* Essential information. PLEASE WRITE CLEARLY*

**ORGANISATION:** .....

If your Organisation is a Corporate Member of Bereavement Care, you do **NOT** need to complete the Address, Telephone Number & Group Leader/Sponsor details below.

**GROUP LEADER/SPONSOR:** ..... **SIGNED:** .....

**ADDRESS:** .....

..... **PHONE NO:** .....

Please detach and return completed form to the Course Administrator by e-mail or at the above address

Please invoice my school/organisation

I have made payment of £\_\_\_\_\_ by BACS