

# PASTORAL SUPPORT REFERRAL FORM

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## SUPPORT REQUIRED

Specialist Pastoral Support

Pastoral Wellness One-To-One

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Name of Doctor / Medical Student:

Grade:

Current Rotation:

Contact Number:

Email:

Preferred location:

Conquest Hospital

Eastbourne DGH

Off site location of choice

If so where \_\_\_\_\_

**Brief reason for referral:**

**Once completed please return to::**

Eastbourne DGH / Eastbourne (and surrounding) area off site

Conquest Hospital / Hastings (and surrounding) area off site

Paul Gosling (Nurse Fellow - Pastoral)  
paul.gosling@nhs.net

Jolie Wilkinson (Pastoral Fellow)  
jolie.wilkinson@nhs.net