

 **Mentoring Referral Form**

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| Please return the completed referral form to Lee Cherry at Seeds4Success:*lee@seeds4success.org.uk* |

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| **Referrer’s Information** |
| Referring Agency (if applicable): | Click or tap here to enter text. |
| Contact name: | Click or tap here to enter text. | Role (if applicable): | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Postcode: | Click or tap here to enter text. | Date of referral: | Click or tap to enter a date. |
| Telephone No: | Click or tap here to enter text. | Mobile telephone No: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |

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| **Who needs support?** |
| Name of Young Person: | Click or tap here to enter text. | D.O.B: | Click or tap here to enter text. |
| Address(including postcode): | Click or tap here to enter text. |  |
| Ethnicity: | Choose an item. | Gender: | Choose an item. |
| Please give details of any medical conditions: |
| Click or tap here to enter text. |
| Please give details of any disabilities: |
| Click or tap here to enter text. |
| Details of Young Person’s school (if applicable) |
| Name and address: | Click or tap here to enter text. |
| Contact name: | Click or tap here to enter text. | Telephone No: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |

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| **Parent or Carer details** |
| Name of Parent or Carer: | Click or tap here to enter text. |
| Relationship to Young person: | Click or tap here to enter text. |
| Address (if different from above): | Click or tap here to enter text. |
| Home telephone No: | Click or tap here to enter text. | Mobile telephone No: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |

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| **More about the Young Person** |
| Please give a brief description of the Young Person’s skills, hobbies and interests: |
| Click or tap here to enter text. |
| Please give a brief description of the Young Person’s background and family situation: |
| Click or tap here to enter text. |
| Please describe any triggers or things to avoid: |
| Click or tap here to enter text. |
| Does the Young Person have an EHCP?  | Yes  |[ ]  No |[ ]
| Has a CAF been completed for the Young Person?  | Yes  |[ ]  No |[ ]
| Is the Young Person involved with any other agencies? Please give details below: |
| Click or tap here to enter text. |

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| **Why is the Young Person being referred?** |
| What are the areas of concern? Please tick all that apply:  |
| In danger of being NEET |[ ]  Problems at home |[ ]
| Offending |[ ]  Behavioural |[ ]
| School/College attendance |[ ]  Little or no direction in life |[ ]
| Risk of exclusion |[ ]  Substance misuse |[ ]
| Mental health |[ ]  Relationships/Social  |[ ]
| Please give details of referral below: |
| Click or tap here to enter text. |

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| **Additional information** |
| Are there any safeguarding, risk or vulnerability concerns for the Young Person?  |
| Click or tap here to enter text. |
| Other information, notes or messages: |
| Click or tap here to enter text. |

**Thank you for completing this form**

*Lee Cherry, Mentoring and Support Manager Mobile: 07570819140*

*Seeds4Success, Mere Youth Centre, The Recreation Ground, Queens Road, Mere. BA12 6EP*