## **Mentoring Referral Form**

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| **Young Person’s Details:** |
| Name –  |
| Address –  |
| Gender –  |
| Date of Birth –  |
| Ethnicity –  |
| Place of Education –  |
| Year Group -  |
| Statutory Status - Looked After [ ]  Child Protection Plan (CP) [ ]  Child in Need (CIN) [ ]  |

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| **Parent/Carer Details:** |
| Name –  |
| Address – |
| Telephone number – |
| Relationship –  |

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| **Referrers Details:** |
| Name –  |
| Organisation –  |
| Telephone number – |
| E-mail address – |
| Relationship to young person – |

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| **Education Details:** |
| Attendance (%) |   |
| Number of FTE’s (last 6 months) |  |
| SEN Status |  EHCP [ ]  SEN Support [ ]  |
| Attainment Information |  |

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| **Referral Information:** |
| Reason for referral: |
| Young person background/history & all relevant information: |
| Family background/history & all relevant information: |
| Young person **current** risk factors i.e., school exclusion, county lines, CSE, gang affiliation, criminal exploitation, truancy, missing episodes etc: |
| Young person **potential** risk factors i.e., county lines, CSE, gang affiliation, criminal exploitation, truancy, missing episodes etc: |
| Has this referral been discussed with the young person?  | Yes [ ]  No [ ]   |
| Has this referral been discussed with the parent/carer?  | Yes [ ]  No [ ]   |
| If answered ‘No’ to any of the above, please provide reasons: |

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| **Agencies/Organisations working with young person:** |
| Agency/Organisations | Contact name | Telephone Number | E-mail |
| Social Care | [ ]  |  |  |  |
| Youth Offending  | [ ]  |  |  |  |
| Early Intervention | [ ]  |  |  |  |
| Place of Education | [ ]  |  |  |  |
| CAMHS | [ ]  |  |  |  |
|  | [ ]  |  |  |  |
| Other Agency/Organisations: |

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| **Desired Outcomes:** |
| Desired outcomes of mentoring (maximum of three): |

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| **Session Information:** |
| Proposed start date –  |
| Proposed location of sessions -  |
| Proposed frequency of sessions - |
| Are there are times/days that should be avoided? –  |

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| **PLEASE RETURN THIS FORM VIA SECURE E-MAIL TO**info@evolveandadapt.co.uk Depending on the nature of the referral we may contact you to request further information that will be used to support the CYP and demonstrate impact of intervention  |