

**Mentoring Referral Form**

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