

Young Person Mentoring Referral Form

This form should only be used for mentoring referrals for young people aged 11-19 years

Please print clearly

Once completed please mark **private & confidential** and send to **Jules House, 1 Cold Overton Road, Oakham, Rutland, LE15 6NT.**

1. Referral Information		
Name of Person making the referral		
Please advise your relationship to the young person (<i>please circle</i>)	SELF	PARENT/CARER ORGANISATION
Contact details of person making referral (if an organisation please advise organisation details)		
Date referral form completed		
Name of Young Person referred:		
Date of Birth of Young Person referred:		
Reason for Initial Referral:		
<p>Please describe what outcomes you want for the young person attending mentoring sessions: Please also confirm what other things have been done for this young person:</p>		
Are any other agencies involved?		
Name	Agency	Contact details
2. Family Structure		

Parent/Carer 1: Relationship to Young person: Address:	Parent/Carer 2: Relationship to Young person: Address:
Telephone:	Telephone:

Other children/young people:	Date of Birth(s):

Any Significant others (family members or carers):



3. Education/Training/Work

Does the young person attend school/college/work/apprenticeship? If so, please provide details.



4. Health

What relevant medical history does the family have? Do they have any illness, allergy, physical disability, special needs or medical requirement? Do they have a learning disability or mental health needs? Do they take any associated medication? Please give details:



5. Family History

In relation to any family members, is there any history of:

- *Self-harming*
- *Substance misuse*
- *Domestic Violence*
- *Criminal record*

Please give details:

Please add any other information that may be useful for the support of the young person

Date form received	For office Use
Date mentor allocated	
Name of mentor allocated	