

Professional Mentoring for 5-25yrs Referral Form

PLEASE NOTE: Referrals will only be accepted after a qualifying conversation with a Mentoring Plus practitioner.

Please complete the form in **full** for efficient and timely processing of the referral.

REFERRING ORGANISATION DETAILS

Date of referral	
Referring Organisation	
Name	
Position	
Address	
Postcode	
Telephone number	
Email	
Capacity in which you know young person?	
How long have worked with young person?	

YOUNG PERSON DETAILS

Name	
Address	
Postcode	
Young Person's Phone Number	
Date of Birth	
Ethnicity	
Gender	
Religion	
Physical disabilities (detail if applicable)	
Special education needs (detail if applicable)	
Name of Parent or Carer	
Relationship to young person	
Contact number	

EDUCATION OR EMPLOYMENT DETAILS

Does the young person attend:	School/College/Employment/Other (delete as applicable)
Name of school / college / employee	
Name of link staff member	

Telephone	
Email	
Current education / work attendance rate as percentage	

REFERRAL CRITERIA

<p>Eligibility:</p> <p>You must be able to tick these boxes</p>	<p>1 <input type="checkbox"/> They are aged between 5-25 years and they can build relationships based mainly through conversation</p> <p>2 <input type="checkbox"/> They have an EHCP or have other relevant funding available for them</p> <p>3 <input type="checkbox"/> You have explained to them how our mentoring programme works, what is expected of them, and you believe they have understood this</p>
<p>Referral Criteria:</p> <p>Please tick those boxes most relevant to your referral</p>	<p>1 <input type="checkbox"/> Displaying signs of anti-social behaviour</p> <p>2 <input type="checkbox"/> Disengaged, excluded or at risk of exclusion from education</p> <p>3 <input type="checkbox"/> Requiring support with resilience and / or emotional wellbeing</p> <p>4 <input type="checkbox"/> In or leaving care</p> <p>5 <input type="checkbox"/> Experiencing significant challenges out of school - including factors such as a lack of role models, family breakdown, bereavement, isolation, historic domestic violence</p>
<p>Service Limitations:</p> <p>If you tick one of these boxes your client may not be suitable</p>	<p>1 <input type="checkbox"/> Their behaviour could present a risk to an experienced mentor</p> <p>2 <input type="checkbox"/> They have no other services overseeing their care</p> <p>3 <input type="checkbox"/> They have considerable learning support needs which may prevent them from benefitting from mentoring</p> <p>4 <input type="checkbox"/> They have significant mental health challenges e.g suicide, self-harm, with no pertinent support in place</p>

BEST HOPES

What are your Best Hopes for the young person in relation to the categories detailed below?

Health & Development	
Learning	
Parents/Carers & Home Life	
Wider Family, Peers & Environment	
Other <i>If they have entered the Youth Justice System detail here.</i>	

JOINT WORKING

Is there currently a Team around the Child / Family process – e.g. Social Care, CAF / TAF / TAC, EHCP etc...	YES / NO (delete as applicable) If YES who is the Lead Professional? If NO, what is the reason?		
Will you be the lead contact for the period of engagement?	YES / NO (delete as applicable) If NO, who will be?		
Please detail all services currently supporting them (except school/college/employer already given.)			
Service	Contact Name	E-mail	Contact number

RISK ASSESSMENT

<p>Consider that the young person will be working with a mentor in the community, and that they may take part in activity groups.</p> <p>Please detail any specific risks you would have for the referral, mentor or other young people.</p>	
<p>Does the young person have any identified support needs with their mental health?</p>	<p>YES / NO (delete as applicable) If YES, please offer details:</p>
<p>Has the young person previously offended or been involved with the youth justice system?</p>	<p>YES / NO (delete as applicable) If YES, please offer details:</p>
<p>Do you have a current risk assessment for this young person? Yes / No</p> <p>If yes, please attach.</p>	

FUNDING / CONTACT

Please provide the following information

<p>Is this young person to be funded from an EHC Plan?</p>	<p>YES / NO (delete as appropriate)</p> <p>If no, please detail the source of funding:</p>
<p>Important information – please read.</p> <p>Following receipt of a completed referral form, a 4 week ‘assessment and engagement’ period will begin from the date of allocation. Cases will usually be allocated to one of our practitioners within two weeks following receipt of the referral form.</p> <p>Assessment and engagement period incurs a cost of £400. If the young person does not engage, this will be the minimum amount due.</p> <p>Mentoring Plus retains the right to close a referral due to non-engagement at the end of this period. Mentoring Plus will inform the referrer accordingly.</p>	

If the assessment period is successful and the young person engages in the provision, mentoring sessions will continue at a minimum of **£130** per session. At this point, the invoice for the assessment period and mentoring sessions, is due in full.

NB: The initial invoice for new referrals will include the assessment and engagement period plus the minimum number sessions agreed to by the Mentoring Practitioner. The minimum number of sessions will usually be to the next considerable academic holiday (Christmas, Easter, Summer).

Who will be responsible for receiving the invoices for this young person? (Please provide name and full contact details, including address)

Who will be receiving our Mentoring Monitoring reports for this young person?
(Please provide name and contact details)

Please tell us the days and times that the young person could be available for mentoring.

We recommend providing **2 or more options**

Please highlight	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

YOUNG PERSON & PARENT / CARER CONSENT

Please support the young person to answer the questions below:

We have agreed to share the above personal information with Mentoring Plus and their partner agencies. We understand that in giving this information, it will be treated in the strictest confidence.

We understand what working with Mentoring Plus is and we want to work with them. We understand that this involves working with them for a session each week for up to year.

Verbal consent of Young Person: YES / NO (delete as applicable)

Verbal consent of Parent / Carer: YES / NO (delete as applicable)

Date of application:

NEXT STEPS

Sending referral forms

- **Egress**, to set up an egress account through:
<https://switch.egress.com/ui/registration/AccountCreate.aspx>.
Then email refer@mentoringplus.net
Beginning the email with **PM** (Professional Mentoring)
- **Globalscape** - Once you have uploaded to Globalscape please email helen.goodchild@mentoringplus.net
to let us know
- **Email**, Password protect the word document (referral form) and send the password to access it in a separate email
Email: refer@mentoringplus.net **CC:** The Practitioner you have been in contact with
Telephone: 01225 429694