|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Young Person’s Details** | | | | | | |
| Name of Young Person | | DOB | | Gender | Ethnic Origin | Religion |
|  | |  | |  |  |  |
| Home or Placement Details | | | | | | |
| Person at placement responsible for the young person’s details | |  | | | | |
| Address | |  | | | | |
| Tel No | |  | | | | |
| Type of placement*(if applicable)* | |  | | | | |
| Referrer’s Details | | | | | | |
| Name |  | | | | | |
| Email |  | | | | | |
| Contact Number |  | | | | | |
| Referral Agency |  | | | | | |
| Family/Care Details | | | | | | |
| Is the young person in care or accommodated? | | |  | | | |
| If yes, for how long? | | |  | | | |
| Reason why young person is in care or accommodated: | | | | | | |
|  | | | | | | |

**HeadStart Mentoring | Young Person Referral Form**

|  |  |  |
| --- | --- | --- |
| **Any Other Agencies Involved with the Support of the Young Person** | | |
|  | | |
| **Details of Any Concerning Behaviour** | | |
|  | | |
| **Risk Statement** *(Please state any risk the young person may present to him/herself, a mentor or other people)* | | |
|  | | |
| Young Person’s Needs and Interests | | |
|  | | |
| **Please Provide Any Relevant Information Relating To:** | | |
| Religious, cultural, and ethnic background | | |
|  | | |
| Any specific learning difficulties | | |
|  | | |
| Education *(including details of school and if part time or full time)* | | |
|  | | |
| Health and welfare *(Any known medical conditions, or disabilities or prescribed medication)* | | |
|  | | |
| Hobbies, interests, and talents: | | |
|  | | |
| **Referral Details** | | |
| **Has a Resilience Based Conversation been held and documented, with the young person’s consent for this to be shared with us? (Please supply copy)** | |  |
| Reasons for seeking a mentor for the young person: | | |
|  | | |
| Please suggest four expected outcomes/goals that the young person would like to achieve with the help of a mentor? | | |
|  | | |
| **Signed by Referrer:** | **Date:** | |
|  |  | |

**Please return by post to: Or email to:**

Young Lives Foundation [ylfheadstart@ylf.org.uk](mailto:ylfheadstart@ylf.org.uk)   
HeadStart  
71 College Road  
Maidstone  
Kent ME15 6SX