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| --- |
| **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**

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| **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
HeadStart
71 College Road
Maidstone
Kent ME15 6SX