**BLGC Mentoring Referral Form**

**Mentoring is a 1 to 1 service that supports, guides and empowers Young People. We aim to give Young People the skills, tools, knowledge and advice they need to develop confidence, self-esteem and motivation to make positive changes for themselves.**

We accept referrals for Young People aged 8-17 years old who live in Bolton, and where there is no statutory involvement from Children’s Services.

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| **Name of person making the referral** | Click or tap here to enter text. |
| **Agency** | Click or tap here to enter text. |
| **Role of the person making the referral** | Click or tap here to enter text. |
| **Telephone numbers** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |

**Have you discussed the referral with the young person, and have they consented to the support and understand what the service is?** Choose an item.

**Does the Parent/Legal Guardian/young person (if the Young Person is over 13 years old) consent to this referral being made?** Choose an item.

**Young Person’s Information**

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| **First Name** | Click or tap here to enter text. |
| **Preferred Name** | Click or tap here to enter text. |
| **Surname** | Click or tap here to enter text. |
| **Date of birth** | Click or tap to enter a date. |
| **Age** | Click or tap here to enter text. |
| **Gender** | Choose an item. |
| Click or tap here to enter text. |
| **Pronouns** | Click or tap here to enter text. |
| **Phone Number** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |

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| House name/number and street | Click or tap here to enter text. |
| District/Area | Click or tap here to enter text. |
| Town/City | Click or tap here to enter text. |
| Post code | Click or tap here to enter text. |
| Who else lives at the address? | Click or tap here to enter text. |

**Ethnicity:**Choose an item. **Religion:**Choose an item.

**Does the young person have any disabilities?** Choose an item.

**If yes, please details any disabilities / additional support needs that you are aware that this Young Person has, whether diagnosed or not:**

Click or tap here to enter text.

**Please tick all that apply to this Young Person:**

EHCP  Special Education Needs  SEMH

Adopted  SGO Free School Meals Pupil Premium

**Is the Young Person a carer for other family members?** Choose an item.

**Is the Young Person a Child Looked After /Care Leaver?** Choose an item.

**Is the Young Person a Refugee or Asylum Seeker?** Choose an item.

**If yes, please give country of origin:** Click or tap here to enter text.

**If yes, please give 1st language spoken:**Click or tap here to enter text.

**If yes, is the Young Person an unaccompanied minor?** Choose an item.

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| **School / College Details** | |
| Name of School/College/Employment | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Post Code | Click or tap here to enter text. |
| Main Contact | Click or tap here to enter text. |
| Role |  |
| Phone Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| If the Young Person is in Year 6 and aware of their planned secondary school, please provide information here | Click or tap here to enter text. |

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| **Parent / Carer Information** | |
| Name | Click or tap here to enter text. |
| Relationship to YP | Choose an item. If other type here:Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Post Code | Click or tap here to enter text. |
| Home Number | Click or tap here to enter text. |
| Mobile Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
|  |  |
| Name | Click or tap here to enter text. |
| Relationship to YP | Choose an item. If other type here:Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Post Code | Click or tap here to enter text. |
| Home Number | Click or tap here to enter text. |
| Mobile Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

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| **Emergency Contact Details – please provide 2** | |
| Name | Click or tap here to enter text. |
| Relationship to YP | Choose an item. If other type here:Click or tap here to enter text. |
| Home Number | Click or tap here to enter text. |
| Mobile Number | Click or tap here to enter text. |
|  |  |
| Name | Click or tap here to enter text. |
| Relationship to YP | Choose an item. If other type here:Click or tap here to enter text. |
| Home Number | Click or tap here to enter text. |
| Mobile Number | Click or tap here to enter text. |

**Supporting Information for Referral – please complete this with the Young Person**

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| **What do you think Mentoring could help you with?**  Click or tap here to enter text. | |
| **What would you say are your skills, strengths, and abilities? What is working well for you?**  Click or tap here to enter text. | |
| **Details of Other Service / Organisation(s) Providing Support** | |
| Are there any other services / organisations currently supporting you? |  |
| Service / Organisation name: | Click or tap here to enter text. |
| Contact Person: | Click or tap here to enter text. |
| Contact Details phone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
|  |  |
| Service / Organisation name: |  |
| Contact Person : | Click or tap here to enter text. |
| Contact Details phone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
|  | |
| **As the referrer, please tell us what you think are the priorities for support for the young person.**  Please indicate up to 3 areas that you think Mentoring should focus on. It might be helpful to think about what has been going on for this Young Person and for how long and in what way has this been affecting them  **1.** Click or tap here to enter text.  **2.** Click or tap here to enter text.  **3.** Click or tap here to enter text. | |
| **Does the Young Person have any particular needs?** Please provide information about physical, emotional wellbeing or behaviour needs that the Young Person has. Please also consider any challenges the young person is facing.  Click or tap here to enter text. | |
| **Are there any concerns or risks that we need to be aware of? Can the young person work safely on a one-to-one basis?**  Click or tap here to enter text. | |

**Storing & Sharing Data**

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| Personal and Sensitive Data – STORED & SHARED  By referring this young person, you confirm, and can demonstrate on request, that you have gained explicit consent from the parent/carer of the young person (aged 13+) to provide the Bolton Lads & Girls Club with certain personal and sensitive information, which we will process in accordance with all applicable data protection laws to provide them or you with services and carry out administration in relation to the referral:   * Communicate with you, the young person, and/or the parent/guardian about the referral * Provide information about the referral to Bolton Lads & Girls Club (registered charity number 1051292), our suppliers, funders, and/or sponsors, as required for the purposes of the development, co-ordination and support of Bolton Lads & Girls Club   Where there is a need to protect or support a young person, we may also share personal information with relevant agencies as required by law. For further information about how we process personal information, and your rights, please read our Privacy Policy. This can be obtained from any of our sites or online @ <https://boltonladsandgirlsclub.co.uk/privacy-policy/>. |
| Your name:Click or tap here to enter text. Signature: Click or tap here to enter text.  If you have an electronic signature, please paste in the box below:  Choose a building block.  Date:Click or tap to enter a date. |

**What happens next?**

*Email to* [*mentoring@blgc.co.uk*](mailto:mentoring@blgc.co.uk) *and one of our team will be in contact with you to discuss the referral.*

***Please note: Young People have access to this form.***