|  |  |
| --- | --- |
| Membership Number | Click or tap here to enter text. |
| TYS ID | Click or tap here to enter text. |
| Waiting List Date | Click or tap to enter a date. |
| Caseload Number and Date of Allocation | Click or tap to enter a date.  Click or tap here to enter text. |

**Office use only:**

**BLGC Children & Families Mentoring Referral Form**

**We accept referrals from all agencies; however, the Young Person MUST be open to an Early Help or receiving support from Children’s Social Care. We work with young people aged 8-17 years old who live in Bolton. We also consider referrals for those young people who attend a school/college in Bolton and live on the borders of Bolton.**

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

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

|  |  |
| --- | --- |
| **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. |

**Young Persons Information**

|  |  |
| --- | --- |
| **First 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. |
| **Phone Number** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |

**Home / Placement Address:**

|  |  |
| --- | --- |
| What type of placement is this? | Choose an item. |
| 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. |

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

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

**If yes, please details any disabilities you are aware that this young person has:**

Click or tap here to enter text.

**Please tick all that apply to this YP:**

EHCP  Special Education Needs

**Is the young person a carer for other family members?** Choose an item.

**Is the young person a Looked After Child /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 yp an unaccompanied minor?** Choose an item.

**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. |
| Name Main Contact | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

**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. |

**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 with the YP**

|  |  |
| --- | --- |
| **Please give details of the Lead Professional** | |
| **Name** | Click or tap here to enter text. |
| **Telephone number(s)** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |
| **Does the young person have a Social Worker?**  **(If yes, please give details below)** | Choose an item. |
| **Name** | Click or tap here to enter text. |
| **Telephone number(s)** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |
| **What are the yp’s thoughts about this referral?** | Click or tap here to enter text. |
| **What other support services are involved with the young person or family?**  Click or tap here to enter text. | |
| **The Mentoring Service focuses on building a young person’s self-confidence, self-esteem and resilience. What support do you think the young person needs? Please be specific.**  Click or tap here to enter text. | |
| **What are the young person’s skills, strengths, and abilities that they can build on**?  Click or tap here to enter text. | |
| **Please provide any other relevant information that will help us support the young person. E.g. physical health, emotional wellbeing and behaviour.**  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 data**

|  |
| --- |
| Personal and Sensitive Data  By referring this young person, you have 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.  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.***