**BLGC Mentoring Referral Form**

**This is a targeted service; we work holistically, so an Early Help should be open. We accept referrals for Young People aged 8-17 years old who live in Bolton.**

|  |  |
| --- | --- |
| **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**

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

**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. |
| 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.

**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. |

**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. |

**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 Young Person**

|  |  |
| --- | --- |
| **Please give details of the Lead Professional** | |
| **Name** | Click or tap here to enter text. |
| **Role** | 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. |
| **Is there a Social Worker working with the family?** | Choose an item. |
| **Social Worker 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 other support services are currently involved with the young person or family?**  Click or tap here to enter text. | |
| **Has the Young Person accessed any support services prior to this referral?** If yes, please provide details.  Click or tap here to enter text. | |
| **As the referrer, please tell us why this Young Person would like support?** 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.  Click or tap here to enter text. | |
| **Voice of the child – please make every effort to give some detail in this section.**  **What is the Young Person saying to you or others about their situation and the concerns that have been expressed?**  Click or tap here to enter text. | |
| **What has the Young Person indicated that they might find helpful?**  Click or tap here to enter text. | |
| **What support do Parents / Carers feel is needed?**  Click or tap here to enter text. | |
| **What are the young person’s skills, strengths, and abilities? What is working well for them?** Click or tap here to enter text. | |
| **Does this 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. | |
| **Does the Young Person do any regular activities in the evenings or at weekends?** If they do, please give details.  Click or tap here to enter text. | |
| **What is your view of how the Young Person is engaging in school/college?** (e.g. attendance, attainment, aspirations)  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**

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