

Havering Young People’s Mentoring Service Referral Form

Referral Information		
Date of referral		
Name of referrer		
Job title and relationship to young person		
Telephone number of referrer		
Email address of referrer		
Reason(s) for referral	Young person excluded or at risk of exclusion OR Young person not in education, employment or training	YES/NO
	Young person displaying signs of anti-social behaviour	YES/NO
	Young person known to the Youth Offending Service	YES/NO
	Young person impacted by drugs/alcohol directly or within the family	YES/NO
	Young people emotionally impacted by issues such as mental health, bullying, domestic abuse, bereavement or loss, impacted by immigration or other family issues	YES/NO
Further information Please use this space to expand on the reason for referral. This will help in providing the best match and service for the young person.		
Risk Assessment		
Please answer the following questions YES or NO: If you answer YES to any of these questions, please expand in the space provided below		
Are there any risks for a lone mentor?	YES/NO	
Do you have any concerns about the mental health of the young person or anyone in their family?	YES/NO	
Does the young person smoke?	YES/NO	
Do you have any child protection concerns regarding this young person?	YES/NO	
Does the young person display aggressive behaviour towards professionals?	YES/NO	
Is there any further information that you can give, such as any sensitive issues to be aware of?	YES/NO	
Please give any additional information:		