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RCT MENTORING PROGRAMME

Young Person’s Referral Form

Name: _____

Address: _____

Postcode: _____

Age: _____ D.O.B.: _____ Race: _____ M/F _____

Parent/Guardian: _____ Tel. No.: _____

Referring Agency – Contact Name and Telephone Number: _____

E-Mail; _____ @ _____

Why are you referring this young person? (Please tick all that apply)

- | | | | |
|----------------------------------|--------------------------|-------------------------------|--------------------------|
| Excluded from school | <input type="checkbox"/> | Long term non-attende | <input type="checkbox"/> |
| Special Educational Needs | <input type="checkbox"/> | Low level school achievement | <input type="checkbox"/> |
| In or leaving care | <input type="checkbox"/> | Homelessness | <input type="checkbox"/> |
| Disabled/Special Needs | <input type="checkbox"/> | Mental Health Issues | <input type="checkbox"/> |
| Pregnant/Teenage Parent | <input type="checkbox"/> | Sexual Health Issues | <input type="checkbox"/> |
| Young Carer | <input type="checkbox"/> | Family Issues | <input type="checkbox"/> |
| Refugee/Asylum Seeker | <input type="checkbox"/> | Lack of social skills | <input type="checkbox"/> |
| Alcohol/Drug Issues | <input type="checkbox"/> | Behavioural Issues | <input type="checkbox"/> |
| Involved in Youth Justice System | <input type="checkbox"/> | Offended (once or repeatedly) | <input type="checkbox"/> |

How does the young person spend the day, e.g. School, Further Education, college, employment, etc?

Do you know of any other agencies involved? _____

Has their behaviour ever caused you or others problems? E.g. losing their temper, offending, etc. (please be as open as you can, to help the scheme to match you with a suitable volunteer mentor)



If the young person has offended, please give details of each offence, date, outcome and date. (If known)

Does the young person have any disability or health problem that you think we should be aware of?
Please ✓ tick as appropriate:

YES

NO

If yes please give details; _____

Please list any hobbies/ interests which could be encouraged during a mentoring programme. _____

How long and in what capacity have you known this young person? _____

Have you given the young person any information about Rochdale Connections Trust?

YES

NO

Is there any other relevant information e.g. attitude of parents or risk factors? Please give details. _____

How did you hear of Rochdale Connections Trust ? (e.g. web-site, media, mentor, or other agency etc) _____

Signed: _____ please print name: _____

Dated: _____

THANK YOU FOR COMPLETING THIS FORM.

RCT use: Date referral received: _____

DEVELOPMENT WORKER ALLOCATED: _____