**Starfish Mentoring Referral Form**

(please complete and return to starfishmentoring@aimcommunity.org)

| **Young Person’s** **Name** |  |
| --- | --- |
| **Young Person’s Address** |  |
| **Date of Birth** |  | **Age** |  |
| **School** |  | **Year Group** |  |
| **Parent/Carers/Guardian Name(s)** |  |
| **Parent/Carer/Guardian** **Email address** |  | **Parent/Carer/Guardian Phone Number(s)** |  |
| **Are the Parents/Carers/Guardians aware of this referral being made** | YES / NO |
| **Referrer Name** |  | **Referral Date** |   |
| **School/** **Organisation (including Address)** |  |
| **Referrer Email Address** |  |
| **Referrer Phone Number** |  |
| **Please specify if the young person meets any of the following:** |
| **Personal** | * Low self-esteem
 |  |
| * Lack confidence
 |  |
| * Lack communication skills
 |  |
| * Isolated from peers
 |  |
| * Bullied by others
 |  |
| * Special Educational Needs
 |  |
| **Home Setting** | * Financial Hardship/Poverty
 |  |
| * Young Carer
 |  |
| * Parents/carers are socially excluded
 |  |
| * Family demonstrates low level anti-social behaviour
 |  |
| * Lack of access to opportunities outside of school
 |  |
| * Lack positive role models
 |  |
| **Behaviour Concerns** | * Disruptive, challenging behaviour or bullying at school
 |  |
| * Disruptive or challenging behaviour at home
 |  |
| * Disruptive or challenging behaviour in community
 |  |
| * Emerging antisocial behaviour
 |  |
| * Low level offending
 |  |
| * Low level alcohol or substance misuse
 |  |
| **Education** | * Occasional/frequent non attendance at school (below 85%)
 |  |
| * Child’s educational rate of progress is below expected
 |  |
| * Low aspirations
 |  |
| **Any behavioural issues, past or present that we should be aware of:** |

Please email the completed form to starfishmentoring@aimcommunity.org

If you would like to discuss your referral, please call Wesley Williams on 01202 548208 or 07396 539551