**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