|  |  |  |  |
| --- | --- | --- | --- |
| **Office Use only – Date Received:** |  | **Office Use only – Client Sheet** |  |
| **Office Use only – Confirm Receipt** |  | **Office Use only – Online File Entry** |  |
| **Office Use only – Client Number:** |  | **Office Use only – Online File Closure** |  |
| **Office Use only – Referral Number:** |  | **Office Use only – DB Closure** |  |

**MENTORING REFERRAL FORM:**

***Data Protection Statement:*** *Any personal information you give to us will be processed in accordance with the General Data Protection Regulation and Data Protection Act (2018). YPI uses your information to process requests for counselling. For clients with statutory agency involvement this includes sharing basic data with statutory services to confirm funding eligibility. Anonymised data is also used for statistical purposes to support funding and service evaluation. We are registered with the Information Commissioner's Office (Reg No. ZA154908) and the terms of our data protection notification can be viewed on the Information Commissioner's website.*

By completing this form, you are giving consent to YPI to use your data for the purposes outlined in the statement above

To apply for our service please complete the following form and post or email to YPI Counselling using the email address above.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | | |
| Name of Client seeking Mentoring: |  | | |
| Address: | **Post code** | | |
| Date of Birth: |  | Gender: |  |
| Age: |  | Ethnicity: |  |
| Landline Number:  Mobile Number:  Parent/Guardian Name and Mobile:  (if 16 or under) |  | | |
| Email:  Parent /Guardian Email:  (if 16 or under) |  | | |
| Emergency Contact Name  and Telephone: |  | | |
| Name of School/College/Employer: |  | | |
| Name of GP and Address:  **(Please ensure this section completed)**  Medical Conditions/Disabilities: |  | | |
| Are you contacting YPI yourself? | YES If **Yes** please complete the remaining questions **excluding** ‘Referrer Information’ NO If **No** complete the remaining questions AND ‘Referrer Information’ | | |
| Supporting Families  (SF) Referral | YES NO  (Only tick YES if nomination to the programme has been accepted) | | |
| Care Leaver | Y/N | Young Parent | Y/N |
| Reasons you would like to have mentoring support: |  | | |
| How did you hear about YPI? |  | | |
| Have you received any other support past or present? | If yes, who/when? | | |

**Referrer Information**

|  |  |
| --- | --- |
| Name of person referring: |  |
| Name and Address of referring organisation: |  |
| Referrer Telephone Number: |  |
| Referrer Email Address: |  |
| Any additional useful information: |  |

**Criteria for Mentor Support**

Please tick to select all relevant criteria

Learning Issues

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Lacking Motivation |  | Learning/Study skills |  | Understanding what is expected |  |
| Lacking Confidence |  | Cultural / language misunderstandings |  | Disengaged |  |
| Passive Learner |  | Following instructions |  | Organisation skills |  |
| Falling behind |  | Concentration |  |  |  |

Social & Emotional Issues

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Low self-esteem / confidence |  | Poor social skills |  | Difficulties with adult relationships |  |
| Managing strong feelings |  | Peer pressure / gangs |  | Lacking resilience |  |
| Withdrawn |  | Clash between home & peer culture |  | High level of anxiety |  |
| Friendship issues |  | Difficulties with peer relationships |  | Unhappy |  |
| Confused |  | Fearful |  |  |  |

Behaviour

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Disruptive / Disturbing others |  | Bullying issues |  | Attention seeking |  |
| Angry / Aggressive / Frustrated |  | Difficulties in participating |  | Attendance / Punctuality |  |
| Difficulty in settling into school |  | Disputes with peers |  | Risk of exclusion or criminal activity |  |
| Transfer between schools |  | Disputes with adults |  | Substance abuse |  |
| Health & Welfare issues |  | Teenage pregnancy |  | Loss, bereavement, trauma |  |

Personal Transitions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family issues |  | Young carer |  | Parental mental health |  |
| Living alone |  |

|  |  |
| --- | --- |
| Do you have a concern about a child but not sure why? |  |
| Any other information: |  |
| Is the Young Person currently under the Supported Families Scheme? |  |
| Brief Statement on Current Support Provided for Young Person: |  |

Consent form

Please complete this section to agree for the client (s) information to be released to YPI and to be contacted by YPI directly:

I……………………………………………………………… (print name) Give consent to having this information passed to YPI Counselling so that I can be contacted by them to receive mentoring sessions where appropriate.

* **Contact can be made via:** Mobile / Home Landline / Email

(Please circle all preferred contact and ensure details are provided on form above)

* **Messages can be left on:** Mobile – YES / NO  
   Home Landline – YES / NO
* **Can we write to you using the email or postal address given on this form?** YES / NO

Signature of Client: ……………………………………………………… Date: ...……………….

Signature of Parent/Guardian (if 16 or under) ………………………… Date: .....................

Parental Agreement for *On-site* Sessions

YPI requires parents/guardians to adhere to the following protocol for collecting and dropping off young people attending mentoring sessions whilst on-site:

* After 5pm in the evening all young people 14 years and under are to be dropped off and collect by an appropriate adult.
* 13 years and under all young people must be accompanied to and from appointments.
* Over the age of 15 years - YPI staff shall ensure that the young person safely leaves the Orchard building however parents acknowledge that it is their responsibility to ensure the safety and well-being of the young person once they have left the premises and must arrange a safe travel route home with them.

This parental agreement form must be signed and returned before mentoring can commence.

Name of parent/guardian/appropriate adult: ...........................................................................

Signature: ……………………………………………………………………………….. Date: .........................

|  |  |  |  |
| --- | --- | --- | --- |
| **Office Use only – Client ID** |  | **Office Use only – Referral #** |  |

**MENTORING CLIENT AGREEMENT**

Mentoring is a space to talk that is confidential. It is a place where you can share your feelings and think about yourself in your own time.

There are exceptions to confidentiality being held within YPI. This is where information shared is deemed to suggest there may be serious risk to you or someone else.

Exceptions Include:

* Risk to self or other (including domestic abuse)
* The children’s act
* Harm to children
* Acts of terrorism/money laundering/drug trafficking
* Ongoing court proceedings

Where there is a potential or actual risk to self or another, our policy is to share that information with a statutory agency for example, social services, GP, school etc. We also complete a case closure form containing a summary of your mentoring journey.

YPI will always try to ensure that we discuss any concerns with you before sharing information, however if it is thought to be an immediate risk this may be passed over to the relevant agency before speaking to you. You can ask to talk more about confidentiality with your mentor at any time.

Sessions last 50 minutes and are prearranged at a mutually agreed location by both parties.

If two sessions are cancelled with less than 24 hours’ notice, or you fail to attend without notifying us on two occasions the mentoring will end.

During your mentoring sessions we can discuss any other support that you may need. We can help to signpost you on to other agencies where helpful.

Please do not come to sessions under the influence of alcohol or drugs, as the session cannot take place in this circumstance.

Mentors are contactable via phone during office hours only. Where possible please contact via email and a reply will be returned when back in office.

|  |  |
| --- | --- |
| Mentor’s Name: |  |
| Mentor’s Working Hours: |  |

I have read this agreement and understood it.

Client Signature: ………………………………… /…………………………… Date: …………………………

Mentor Signature: ………………………………………………………………. Date: …………………………