|  |  |
| --- | --- |
| **Name of young person/child:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **School/College:** |  |

|  |  |
| --- | --- |
| **Male/Female:** | M / F |
| **Disability: Y/N** | Yes / No |
| **Ethnicity:** |  |
| **Language:** |  |

|  |  |
| --- | --- |
| **Emergency Contact Person/Parent Name:** |  |
| **Parent/contact person email:** |  |
| **Relationship:** |  |
| **Contact Phone Number:** |  |
| **Address of child:** |  |

|  |  |
| --- | --- |
| **Do you have consent from parent for referral?** | Yes/No |
| **Is the Young Person aware of this referral?** | Yes/No |
| **Is the parent aware of this referral?** | Yes/No |

|  |  |
| --- | --- |
| **Name of person making this referral:** |  |
| **Relationship to child:** |  |
| **Agency/Organisation Name:** |  |
| **Address:** |  |
| **Contact number:** |  |
| **Email:** |  |

**TO BE COMPLETED BY THE PERSON MAKING THE REFERAL:**

|  |
| --- |
| **Why are you making this referral for 121 Youth Mentoring support?** |
|  |

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| --- |
| **What do you want the young person to get out of the mentoring support? Please tick maximum of 2 areas below as priorities to focus the mentoring work on: \*(Tick maximum 2 only)** |

|  |  |
| --- | --- |
| Get back into school |  |
| Reduce risk offending |  |
| Increase confidence |  |
| Support with Anxiety |  |
| Support with managing feelings |  |

|  |
| --- |
| **Any other important information else you want us to know?** |
|  |

**Please send a copy of this document as an attachment to:** [**contact@aptitude.org.uk**](mailto:contact@aptitude.org.uk)

**Aptitude Organisation CIC, Jubilee Crescent Community Centre, Radford, Coventry CV6 3EX**

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