**Welcome to Level Two Mentoring**

Please note if the young person is in urgent need of support, please contact your GP or 999 in an emergency as there may be a wait on our services.

To support you we need the following details…

Please note areas marked \* must be completed

\*Full name: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Gender: Male: Female: Do not wish to disclose:

\*Date of birth: . . . . . . . . . . . . . . . . . .Year Group: . . . . . . .School name: . . . . . . . . . . . . . . . . . . . .

\*Address & postcode: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Young person’s contact number if applicable . . . . . . . . . . . . . . . . . . . . . . . .

Best way to contact you? . . . . . . . . . . . . . . . . . . .

\*Name of parent/carer (if under 18 yrs ) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Who do you live with? . . . . . . . . . . . . . . . . . . . . . . .

Can we contact your parent/carer if necessary? . . . . . . . . . . . . . . . . . . . . . . . . .

\*Emergency contact name and number: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

GP/Surgery:. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

If not at school are you in any of the following: Training/apprenticeship Employment Further Education None of the above

\*Do you have any special educational/additional/medical needs we should be aware of? . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

\*Please give an explanation of why you are making this referral and how you think mentoring can help? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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\*Are you receiving support from other professionals? If yes who? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

\*Are there any safeguarding issues/concerns we need to be aware of? . . . . . . . . . . . . . . . . . . .

\*If yes, Please give a brief description and/or name and contact number of who can be contacted to discuss these safeguarding issues/concerns . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

How did you hear about Level Two Mentoring? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Please read the following data protection statement:**

I agree that I have completed this form or have witnessed my supporter in completing the details. I understand this information will be kept safe, secure, confidential and for as long as you need it. I understand it will not be passed to other agencies or individuals outside of Level Two without asking or informing me first, however by law, if you are considered to be at risk of harm we do not need permission to pass this on.I have the right to see any information you hold about me, have it corrected or have it erased. If you are unable to get consent you may hold information under legitimate interest**.** Data Controller for Level Two Youth Project is Shez Hopkins – Project Manager**.**

**\*If you are a young person completing this form, making your own referral and you are age 13 or over, please sign here:**

Signature of young person: . . . . . . . . . . . . . . . . . . . . . . . . Date:

**\*If you are completing this form on behalf of a young person or because they are under age 13, please give your details below.**

Name:. . . . . . . . . . . . . . . . . . . . . . . . . . . . Organisation. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Relationship to young person. . . . . . . . . . . . . . . . .Contact Number: . . . . . . . . . . . . . . . . . . . . . .

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

**\*Is the young person aware you are making this referral?** YES or NO

Please email to [kirstycoldwelllevel2@gmail.com](mailto:kirstycoldwelllevel2@gmail.com)