@

 Welcome to Level Two Mentoring

To support you we need the following details…

Full name: ………………………………………………………………………………………………………………………………

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

Date of birth: ………………………………………………………………………………………………………………………

Address: ………………………………………………………………………………………………………………………………

Postcode: …………………………………………………………………………………………………………………………….

Your contact number: . . . . . . . . . . . . . . . . . . .. . . …………………………. . . . . . . . . . . . . . . .

Email: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ……………………………………………………….. . . . . . .

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

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

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

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

Emergency contact name and number: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Are you: (Please tick all that apply)

At School School Year 6th Form

Training/apprenticeship Employed

 Further Education None of the above

Do you have any special educational or additional needs? . . . . . . . .. . . . . . . . . . . . ………………………………………………………………………………………..

Do you have any medical conditions we should be aware of? . . . . . . . . . ………………...………………………………………. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . …………………..

Would you prefer a male/female mentor? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

How do you think 1:1 support can help you? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . …………………………………………………………...

Are you receiving support from other agencies or people? If yes who? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ………………………………………………………………………………………..

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

**If you are completing this form on behalf of or with a young person, please give your details below.**

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

Contact Number: . . . . . . . . . . . . . . . . . . . . . . . . . ………………………………………………………….. Additional information . . . . .. . . . . . . . . . . . . . . . . . . ……………………………………………………. ………………………………………………………………………………………………………………………………………………....

Signature. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

* 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 and secure. I understand it will not be passed to other agencies or individuals outside of Level Two Mentoring without asking or informing me first.

**If you are a young person completing this form you do not require parental consent.**

**Signature of young person: Date:**

Date referral received . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ..

Who by? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . …………………....

Agreed Mentor . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ………..

Date given to Mentor. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Send to- Level Two, 2nd Floor, 54 Cobbold Road, Felixstowe, Suffolk, IP11 7EL

**mentoring@leveltwo.org**