



Mentor Link - Referral Form **CONFIDENTIAL**

Name of young person _____ D.O.B _____

School _____ Year/Form _____ % attendance _____

Referred by _____ Date _____

Relationship to young person _____

Email address _____

Head of year/liaison teacher _____

Email _____

1. Why are you referring this pupil for mentoring?

2. What goals would you like to see this pupil achieve?

3. Is this pupil regularly on performance report?

4. Is this pupil on verge of exclusion? Y / N

5. Does this pupil get support from any other Agency? If yes please specify.

6. Has this pupil made an allegation against a member of staff? Y / N

Office Use Only: If Yes, please forward a copy of this referral form to the Volunteer Supervisor or Volunteer Recruiter to conduct a Risk Assessment. VS VR

7. Is there any other information you feel the Mentor should be aware of?

8. Parental/Carer consent obtained? _____ Please attach to referral form

Gender		✓
Male		
Female		
Disability		✓
Disabled		
Not Disabled		
Ethnic Background		✓
White	English/Scottish/Welsh/Northern Irish/UK	
	Irish/ Gypsy or Irish Traveller	
	Any Other White Background	
Mixed Ethnic Background	Mixed Ethnic Background	
Asian/Asian UK	Indian	
	Pakistani	
	Bangladeshi	
	Chinese	
	Any Other Asian Background	
Black/African/ Caribbean/Black UK	African	
	Caribbean	
	Any Other Black/African/Caribbean background	
Any Other Ethnic Group	Arab	
	Any Other Ethnic Group	
Does this mentee have a Pupil Premium?		YES NO

Please return completed form to Enquiries@mentorlink.org.uk or
Mentor Link, 18 Lombard Street, Stourport on Severn, Worcs, DY13 8DT