



Mentor Link - Referral Form

CONFIDENTIAL

Name of pupil _____

School _____

DOB _____ Gender M/F _____ Year/Form _____

Attendance % _____ Does this pupil receive Pupil premium _____

Is this pupil a LAC? _____ If yes, who is the Foster Agency? _____

Name and telephone number of social worker _____

Does this pupil have a disability? _____ SEND _____

Referred by _____ Date _____

Internal Email address (if happy to be contacted in this way) _____

Parental Consent Obtained? YES / NO

NB. Girls will always be placed with a female mentor. Boys will be asked their preference when they are first seen by the Mentor Link Appointment Administrator.

Why are you referring this pupil for mentoring?

What goals would you like to see this pupil achieve?

Is this pupil regularly on performance report? Please state reasons why pupil on performance report:

Is this pupil on verge of exclusion? _____

Does this pupil get support from any other Agency? Y/N If yes please specify. _____

Has this pupil made an allegation against a member of staff? _____

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

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

How did you find out about our service?

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	
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