



Mentor Link - Referral Form -EBSA

CONFIDENTIAL

Name of pupil _____

School _____

Is the young person on role in this school? Yes/No

DOB _____ Gender M/F _____ Year/Form _____

Parental/carers details

Name:

Address:

Email:

Young person information:

Attendance % _____ Does this pupil receive Pupil premium _____

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

If the young person has a social worker provide the name and telephone number/email address of social worker

Does this pupil have a disability? _____ SEND _____

Referred by _____ Date _____

School contact person and email address

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 Service 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 Service Manager to conduct a Risk Assessment.

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Please provide further information on why you are making the referral to Mentor Link and what support the young person has received so far?

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	