**Mentoring Support**

**Referral form academic year 2018/19**

|  |  |
| --- | --- |
| NAME OF STUDENT |  |
| CURRENT COURSE OF STUDY AND YEAR |  |
| ADDRESS: |  |
| DATE OF BIRTH: |  |
| PARENT/ CARER NAME(S): |  |
| HOME PHONE: |  |
| MOBILE PHONE: |  |

|  |
| --- |
| Which service are you referring this young person for?**: (please tick)** |
| **Full Programme** *(This student has been excluded from College and needs to find alternative provision)* |  | **Flexi Programme** *(This student is at risk of becoming NEET and needs support staying in college – they are still enrolled at SCC)* |  |

|  |
| --- |
| **WHY ARE YOU REFERRING THIS YOUNG PERSON?** How do you feel this person will benefit from 2 hours a week external support?Is this person ready to access mentoring support?What additional support do they require?Is this young person at risk of NEET now? Any other relevant information? |

|  |
| --- |
| **Does the student have any of the following: (please tick)** |
| EHCP |  | Social Worker |  |

|  |
| --- |
| **Has this referral been discussed with and agreed by: (please tick)** |
| Student |  | Parent/ carer |  |

|  |
| --- |
| **Referrer details**  |
| Name: |  |
| Position within the college: |  |
| Telephone numbers: |  |
| Email address: |  |

|  |  |
| --- | --- |
| **Signed by referrer:**Email receipt acceptable | **Date:** |

**OFFICE USE ONLY:**

|  |  |
| --- | --- |
| **Delete as appropriate: Approved / Declined** |  |
| **Signed:** | **Date:** |

RETURN TO:

*Salford Foundation, Foundation house, 3 Jo St, Salford M5 4BD, 0161 787 3831 or*

*sandrine.beaunol@salfordfoundation.org.uk*