**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)* |  |

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| **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? |

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| --- | --- | --- | --- |
| **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*](mailto:sandrine.beaunol@salfordfoundation.org.uk)