**Starting Point - Referral Form**

**Referrer’s Details**

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| **Referrer’s Name:**  |  | **Email:** |  |
| **School / Organisation:** |  | **Contact No.:** |  |

**Young Person’s Details**

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| --- | --- | --- | --- |
| **Name:** |  | **Date of birth:** |  |
| **Address:** |  | **Gender:** | [ ]  Male | [ ]  Female | [ ]  Prefers not to say |
| **Phone No.:** |  |
| **Email:** |  |
| *If young person is under 18, please complete parent / guardian details:* |
| **Parent / Guardian:** |  | **Phone No.:** |  |

**Reason for Referral**

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| **The Starting Point programme which the young person is being referred to:****Aspire Mentoring** – Aspire Mentoring supports young people aged 16-25 throughout their journey of attaining, sustaining, and thriving within education, employment, and training. |
| **Please give any further relevant details regarding the reason for referral:** |

**EET Status**

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| **Employment:**   |
| [ ]  Not working at all | [ ]  Working less than 16 hours a week | [ ]  Working more than 16 hours a week |
| **Education / Training:** |
| [ ]  Not in education / training[ ]  In education / training less than 14 hours a week | [ ]  In education / training more than 14 hours a week[ ]  In custody  |
| **If currently EET, is the young person at risk of becoming unemployed or losing their place in education / training?** | [ ]  Yes [ ]  No |

**Education**

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| **Please indicate any qualifications the young person has:** |
| [ ]  Entry Level[ ]  GCSEs 3 - 1 / D - G (Level 1)[ ]  GCSEs 9 - 4 / A - C (Level 2)[ ]  AS / A levels[ ]  Other ……………………………………………….. | [ ]  Level 1 – NVQ / Vocational Quals[ ]  Level 2 – NVQ / Vocational Quals[ ]  Level 3 – NVQ / Vocational Quals[ ]  BTEC |

**Support Needs**

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| --- | --- |
| **As far as you know, does the young person have any support needs that Starting Point should be aware of in order to provide effective mentoring?***(e.g. conditions such as ASD or ADHD, learning difficulties or disabilities, physical disabilities, mental health issues, emotional or behavioural difficulties)* | [ ]  **Yes** [ ]  **No** *(If yes, please give further details below)* |
| **Further details – please include any strategies that are helpful in supporting the young person:****Does the young person have an EHC plan?** [ ]  Yes [ ]  No |
| **As far as you are aware, does the young person have any support needs or behavioural issues that may put themselves or others at risk of harm?**  | [ ]  **Yes** [ ]  **No***(If yes, please give further details below)* |
| **Further details - please include any known challenging behaviour, and strategies you have found useful in recognising triggers or dealing with such behaviour:** |

|  |  |
| --- | --- |
| **Is the young person being supported by any other services, whether statutory, charity or other?**  | [ ]  **Yes** [ ]  **No***(If yes, please give further details below)* |
| **Further details - please include names and contact details of any key workers:** |

**Additional Information**

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Referrer signature: Please sign or type your name here to confirm that you understand that the information you are providing in this form is being collected under the Data Protection Act 1998. It will form part of the young person’s file and if the young person requests to see information that Starting Point hold on them, under the Data Protection Act 1998, we would release this information.

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| --- | --- | --- | --- |
| **Name:**  |  | **Date:**  |  |

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