

118 Broadway,

Didcot,

OXON, OX11 8AB

E: justina@didcottrain.org.uk

T: 01235 519315 – www.didcottrain.org.uk

**Parent/Carer Referral for Mentoring with TRAIN**

**1. DETAILS OF YOUR YOUNG PERSON: All Information will be treated as confidential**

# Date of referral:

# Name(s) of Young Person: Parent/Carer:

Address: Post code:

Telephone No:(Home): (Mobile):

Ethnic background: Languages spoken:

Date of Birth:

Parent/Carer Contact No: Name of school/College:

# **2. INFORMATION ABOUT YOUR YOUNG PERSON:**

a) Does your young person have other agencies working with them either currently or previously? E.g. EIHUB, CAMHS or YOS (if so, please state who they are and how long they have been involved)

If they have previously been supported by another agency please give the name and dates and the reason why the contact ended.

b) What are the areas of concern to you with regard to your young person – please tick all that apply.

􀂉 Involved in substance misuse 􀂉 Struggling with school attendance 􀂉 Temporary Exclusions

􀂉 Permanently excluded 􀂉 Is involved with Anti-social behaviour 􀂉 Involved in Criminal justice system

􀂉 Family problems 􀂉 Emotional/ behavioural difficulties Finding School targets difficult to meet

c) Health Information and any formal diagnosis e.g. ADHD, mental health (if relevant):

Please provide any supporting information that you can on regarding the current issues or difficulties for your young person?

# **3. REASON FOR REFERRAL:**

Why would your young person like to have Mentoring?

What are the main areas of concern? Does your young person pose significant risk to themselves or others?

What are the best methods for engaging with your young person? (e.g: skills, interests, working in groups/individually)

**AREAS OF DEVELOPMENT:**

In which areas do you feel your young person would most benefit from mentoring support with (e.g.: Goal setting, school attendance, anger, friendships and relationship, self-esteem, mental health etc.?)

Additional notes or information that you think will benefit the referral:

**Signature of parent/carer: ..................................................................... Date:....................**

**Signature of young person: ……………...…............................................................. Date:………………**

**OFFICE USE**

# **TRAIN reserves the right to have the final say on the suitability of a young person for mentoring.**

# **For Information: Project Scope or Target Group –**

1. Young people must live in Didcot or Harwell and/or attend a Didcot School to be eligible for the programme
2. Aged 11-18
3. Other factors that we would consider include – complex family issues that affect school life, at risk behaviour e.g. sexual behaviour, bullying, substance misuse school refusing.
4. Demonstrating anti-social behaviour in the community and in school
5. Young people whose involvement with the Hub has ended or do not meet the threshold but would benefit from mentoring