**Future Youth Mentoring Referral Form**

**Return completed forms to:** **cyp@hertsmindnetwork.org**

Top of FormPlease complete this form if you would like to access our mentoring service and we will contact you to discuss next steps. Please provide as much information as possible. Fields marked with an \* are required

**Date of referral**

Date:

**Young Person’s details**

Name\*       Surname\*

Preferred pronoun(s)

Main phone\*       Mobile

Email       Date of Birth\*

Address\*       Town\*

Postcode\*

Please complete this section carefully. Supporting you to access the right services is very important to us but it isn't always easy to make contact, so listing as many contact options as possible will help us to help you more quickly.

**Contact method**

How would you like us to contact you? Home Phone [ ]  Mobile [ ]  Text [ ]  Email [ ]

Is it OK for us to leave a message? Yes [ ]  No [ ]

What time would you prefer us to contact you?

**GP details (if known)**

GP Surgery

**School details**

**Are you currently in education?**

Yes, in school/college [ ]

Yes, in home schooling [ ]

No [ ]

Name of school/college (if applicable)

**Emergency contact information**

Name       Contact number      Relationship to you

My emergency contact has given their consent Yes [ ]

**Please provide some information about the young person’s current situation and why you think mentoring would be helpful?\***

**Are there any other agencies involved in the young person’s support at present?**

**Does the young person have any medical conditions, disabilities or allergies that we need to be aware of or make adjustments for?\***

**How did you hear about us? \***

GP [ ]

School/ College [ ]

IAPT Wellbeing Service [ ]

Family Centre [ ]

Youth Justice Early Help [ ]

Friend or family [ ]

Social media [ ]

CAMHS [ ]

Mental Health Support Team [ ]

A&E Department [ ]

Promotional event

PALMS [ ]

Our website [ ]

Other

**Details of referrer (if completing the form on behalf of someone else)**

Name of referrer       Organisation

Email       Tel number

The child/ young person has given verbal and/or written consent for me to make this referral

Yes [ ]  No [ ]

**Equal Opportunities and Disability Monitoring**

**Age Group**

5-9 [ ]  10-14 [ ]  15-19 [ ]  20-25 [ ]

**Gender**

Male (including trans man) [ ]

Female (including trans woman) [ ]

Non-binary [ ]

Prefer not to say [ ]

Other gender description:

**Religion/ faith**

No religion/ faith [ ]

Christian (any denomination) [ ]

Buddhist [ ]

Hindu [ ]

Sikh [ ]

Muslim [ ]

Jewish [ ]

Other [ ]

Prefer not to say [ ]

**Ethnicity**

White British [ ]

Any other White background [ ]

Mixed – White and Black African [ ]

Any other mixed background [ ]

Pakistani [ ]

Chinese [ ]

Caribbean [ ]

Any other Black background [ ]

Not stated [ ]

White Irish [ ]

Mixed - White and Black African [ ]

Mixed - White and Asian [ ]

Indian [ ]

Bangladeshi [ ]

Any other Asian background [ ]

African [ ]

Any other ethnic group [ ]

Prefer not to say [ ]

**Caring responsibilities**

[ ]  Carer of a child (under 18)

[ ]  Carer of disabled child/ children

[ ]  Carer of adult family member

[ ]  None

**Data Protection and Confidentiality**

Hertfordshire Mind Network adheres to the Data Protection Act 2018’s principles of good information handling and the EU General Data Protection Regulation 2018.Please indicate below if you consent to us collecting, recording and processing your personal data for the purpose of providing you with support and to ensure your health, safety and wellbeing. We will use your information appropriately and in line with our Privacy Policy which you can see here: [Privacy Policy](https://www.hertsmindnetworkcyp.org/privacy-policy/)

Your details will not be shared with anyone else without your consent. If you have any concerns or questions about how your personal data is collected and used, please ring us on 0208 189 8400 or email us at cyp@hertsmindnetwork.org

Please note that without your consent, you will not be able to submit this form and access Hertfordshire Mind Network’s services.

Where information is given in confidence that Hertfordshire Mind Network believes poses a risk to the client, a risk to other people, a risk to the safety and welfare of a child, or is against the law, we reserve the right to disclose that information to a relevant third party.

**Do you consent to us collecting, recording and processing your personal data for the purpose of providing you with support and to ensure your health, safety and wellbeing? \***

Yes [ ]

No [ ]

**Where to send your completed form**

Please email your completed form to cyp@hertsmindnetwork.org

If you have any questions or would like help filling in this form, please call us on **0208 189 8400**