**Future Youth Mentoring Referral Form**

**Return completed forms to:** [**cyp@hertsmindnetwork.org**](mailto: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](mailto: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](mailto:cyp@hertsmindnetwork.org)

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