**REFERRAL FORM**

Oxygen mentors are volunteers who have undergone a training programme including sessions on child protection, adolescent development, mentoring boundaries and motivational techniques. They are DBS checked and have a desire to support a young person who might need extra help to overcome challenges that they encounter. The aim is to understand the young person’s needs and help them to move forward. For this reason the timeframe is flexible but will be reviewed regularly with the young person. Mentors receive ongoing support and training from Oxygen.

|  |  |
| --- | --- |
| **Young Person’s Name:** | |
| **Age:** | **School Year:** |
| **Male \_\_\_** | **Female \_\_\_** |
| **Referrer’s Name:**  **E-mail:** | |
| **Date of referral** | |

Level: Risk/Need, Potential Benefit, Engagement, **1 – High, 2 – Medium, 3 – Low**.

|  |  |  |
| --- | --- | --- |
|  | **Reason:** | **Level: (1, 2 or 3)** |
| **Risk/ Need:**  eg. *Risk of the young person getting into trouble with the police, or risk of harm from others or substances.* |  |  |
| **Potential Benefit:** ie. *How much would the young person benefit from having a mentor and would the mentor have a big impact on their life.* |  |  |
| **Engagement:**  *Would the young person engage and work with the mentor to reach goals and make the most of the programme?* |  |  |

|  |
| --- |
| **Hobbies or Interests of young person:** |

**To be completed by the mentor after first contact with referrer and mentee:**

|  |  |
| --- | --- |
| Any extra information from referrer |  |
| Possible evidence to show  progress from mentor sessions |  |
| Aims or concerns of the young person |  |
| Agreed target(s) |  |
| Initial thoughts of mentor and aim for next session |  |

Mentor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Mentor’s liaison\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_