**Professional Referral Form for MAPS Mentoring**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Referral** | |  | | | | | | | | | | |
| **Type of mentoring** | | **Community** | | | |  | | | **In school** | |  | |
| **Personal Information** | | | | | | | | | | | | |
| **Name of child/young person** | | |  | | | | | | | | | |
| **Date of birth** | | |  | | | | | | | | | |
| **Address** | | |  | | | | | | | | | |
| **Postcode** | | |  | | | | | | | | | |
| **Gender (FEMALE/MALE/NON-BINARY/OTHER/YP PREFER NOT TO SAY)** | | |  | | | | | | | | | |
| **Preferred pronouns (SHE/HE/THEY)** | | |  | | | | | | | | | |
| **Children’s Services plan** | | | **Child Protection** | | | **☐** | | | **Child in Need** | **☐** | | |
| **At risk of becoming NEET? *(REQUIRED)*** | | | YES  NO | | **☐**  **☐** | **Refugee / Asylum Seeker** | | | | **☐** | | |
| **Disability (please specify)** | | |  | | | | | | | | | |
| **Ethnicity** | | |  | | | | | | | | | |
| **Educational placement** | | |  | | | | | | | | | |
| **School attendance % *(REQUIRED)*** | | |  | | | | | | | | | |
| **Name of parent/carer** | | |  | | | | | | | | | |
| **Parent/carer contact number** | | |  | | | | | | | | | |
| **Parent/carer email address** | | |  | | | | | | | | | |
| **Relationship to child/young person** | | |  | | | | | | | | | |
| **Referrer Details** | | | | | | | | | | | | |
| **Name** | | | |  | | | | | | | | |
| **Organisation and team** | | | |  | | | | | | | | |
| **Telephone number** | | | |  | | | | | | | | |
| **Email address** | | | |  | | | | | | | | |
| **Social Worker name (if not Referrer)** | | | |  | | | | | | | | |
| **Social Worker telephone number** | | | |  | | | | | | | | |
| **Social Worker email address** | | | |  | | | | | | | | |
| **Known other services involved with young person/family (Name, Organisation, Role)** | | | |  | | | | | | | | |
| **Parent/carer consent for referral and preliminary personal data storage obtained *(REQUIRED)*** | | | | | | | | | | | |  |
| **Details of any known risks:** | | | | | | | **Risk Assessment completed (Please attach with referral)** | | | | |  |
| **Details of any recent assessments** | | | |  | | | | | | | | |
| **Reason for referral** | | | | | | | | | | | | |
| **(Brief description of situation affecting the child/young person and family)** | | | | | | | | | | | | |
| **Any other information** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Desired Outcomes** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Experiences and history** | | | | | | | | | | | | |
| **Category** | | | | | **Yes** | | | | | | **No** | |
| **Historic** | | | **Current** | | |
| **Child Looked After (CLA)** | | | | |  | | |  | | |  | |
| **Care Leaver** | | | | |  | | |  | | |  | |
| **Special Guardianship** | | | | |  | | |  | | |  | |
| **Adopted** | | | | |  | | |  | | |  | |
| **Private fostering arrangement** | | | | |  | | |  | | |  | |
| **Domestic abuse** | | | | |  | | |  | | |  | |
| **Parental mental/emotional ill-health** | | | | |  | | |  | | |  | |
| **Young person mental/emotional ill-health** | | | | |  | | |  | | |  | |
| **Young person self-harm/suicidal ideation** | | | | |  | | |  | | |  | |
| **Parental substance misuse** | | | | |  | | |  | | |  | |
| **Young person substance misuse** | | | | |  | | |  | | |  | |
| **Family member with a disability** | | | | |  | | |  | | |  | |
| **Registered Young Carer** | | | | |  | | |  | | |  | |
| **Young person transition** | | | | |  | | |  | | |  | |
| **Young parent (young person)** | | | | |  | | |  | | |  | |
| **Young person involved in/at risk of becoming involved in criminal behaviour** | | | | |  | | |  | | |  | |
| **Young person sexual exploitation** | | | | |  | | |  | | |  | |
| **If CLA/Care Leaver** | | | | | | | | | | | | |
| **Foster parent** |  | | | | **Residential home** | | | | | |  | |
| **Independent living** |  | | | | **Semi-independent** | | | | | |  | |
| **Other (please specify)** |  | | | | | | | | | | | |
| **Legal status** |  | | | | | | | | | | | |

**Please return completed form with any other additional information/relevant assessments to:** [**MAPS@VCSutton.org.uk**](mailto:MAPS@VCSutton.org.uk)

**To discuss a referral, call the MAPS Team on: 020 8661 5900**