**Professional Referral Form for MAPS Mentoring**

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| --- | --- |
| **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)*** | YESNO | **☐****☐** | **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**

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