

"We mentor young people to reduce distress, build resilience & achieve more"

www.lifespace.org.uk

SECTION 1: TELL US ABOUT THE YOUNG PERSON (aged 9-19)

Name: _____ School: _____

Gender: Male / Female Age: _____ Tutor & Year group _____

Mentor should be: Male / Female / Either Current attendance: _____ %

Has the young person been asked about mentoring and agreed to it: Yes / No / Unsure

SECTION 2: REASON FOR REQUESTING ONE-TO-ONE MENTORING

Reasons for mentoring?

In what ways will mentoring address the issues? *Please mention specific intended outcomes:*

SECTION 3: CHECKLIST

- | | |
|--|---|
| PERMISSION: Has consent been gained from a parent/carer? | Yes / No |
| STRATFORD: Is the young person living and/or studying in Stratford? | Living / Studying / Both / Neither / Unsure |
| SEN: Does this young person have Special Educational Needs (SEN)? | Yes / No / Unsure |
| CAMHS: Have they been referred to CAMHS and/or GP? | Yes / No / Unsure |
| LAC: Are they a Looked After Child (LAC) | Yes / No / Unsure |
| PP: Are they accessing Pupil Premium? | Yes / No / Unsure |
| ABP: Is this being funded by the Area Behaviour Panel (ABP)? | Yes / No |
| CAF: Is this being funded by CAF & approved by a CAF Officer? | Yes / No |

NB. You **MUST** complete **Section 4: Risk Plan** over the page

Lifespace Trust, The Old Stables, 1a Brewery St, Stratford-Upon-Avon, Warks. CV37 0BQ

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SECTION 4: RISK PLAN

TELL US ABOUT CURRENT RISKS observed or known in the last month:

Harm to others (include reckless or manipulative behaviour):

Harm to self (include use of alcohol/drugs):

Harm from others*:

Events of loss*:

Thoughts of suicide*

***Please note - we can NOT accept this request if:**

1. Young person has already attempted suicide - contact should be directly with CAMHS / GP
2. There is a recent or expected family bereavement – contact should be directly with ECHOES service
3. Young person is witness to domestic abuse / experienced physical abuse – contact a specialist service

Does anything specific need to be considered to manage the risks with this request? Yes / No

Venue (as far as possible we ensure all mentoring can “be overseen but not overheard”):

Timing of sessions:

Who to keep informed / other comments:

Signed by person authorising request: _____ **Date:** _____

Your relation to young person (circle): Teacher / Parent / Carer / Other: _____

Your email: _____ **Phone no.** _____

Office use only:

Name of mentor: _____ *Date matched:* ____/____/____ *Circle:* Original / Copy

Young Person Request Code: ____ / ____ *Name of supervisor:* _____

**THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS ONLY FOR ATTENTION OF LIFESPACE TRUST
IT IS NOT TO BE SHARED & MUST BE STORED SECURELY BY THE NAMED MENTOR ON THIS FORM**

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