



“Reaching Up”- Kaleidoscope Community Mentoring Referral Form

We ask all prospective referrers – schools, parents, carers, education agencies, community groups – to complete this form. The information provided will be treated in the strictest confidence.

1. Referrer’s Details:

Name of person making the referral:

Position of the person making the referral/relationship to the young person (parent/carers, tutor, teacher...etc):

Name of school/college/organisation/agency (if applicable):

Address

Day-time Tel. No:

Mobile:

Email address:

2. Although this would need to be negotiated, when would be the best time for mentoring sessions to take place? Please rate according to preference (1st, 2nd etc choice).

- Just before school/college starts?*
- During lunchtime?
- Just after school/college finishes?*
- During scheduled lesson/lecture time?

NB *Out-of-school/college hours sessions will normally take place in public/social venues e.g. MacDonalds or Community centres or if they need to take place in the home, only if a parent/carers or other delegated responsible adult is present. In the latter instance arrangements are put in place to ensure the mentor’s and client’s safety.

3. Young Person's Details:

First Name:

Surname:

Gender:

Course/School Year:

Date of Birth:

Age:

Ethnicity (Please use the 2001 Census categories provided) Mobile No:

Do you consider yourself to have a disability? Yes/No

If yes, please provide more details:

4. Emergency contact, Medical requirements and Risk Management :

- Name of parent/guardian:
- Emergency parent/guardian contact number:
- Does the young person have any medical requirements that we need to be aware of (including information on medication?)
- Does the young person have any dietary requirements that we need to be aware of?
- Does the young person have any access and /or communication requirements that we need to be aware of?

IS the young person receiving other professional services? Does the young person have any emotional/behavioural needs that the mentoring service needs to be aware of? Please continue on a separate sheet if appropriate

By completing this referral form, the referrer is agreeing that as far as they are aware there is no reason why this young person is not suitable for one-to-one support

Signature.....

5. Prospective Mentee Feedback and Application – Please answer the following questions in order to help us match you with an appropriate mentor.

- a. What would you like to achieve through mentoring? For example, achieve personal goals, improve confidence, acquire new skills, manage anger?
- b. Would you prefer a man or a woman mentor?
- c. When would be the best time for your sessions? Please rate according to preference (1st, 2nd etc choice)

- Just before school /college starts?
- During lunchtime?
- Just after school/college finishes?
- During scheduled lesson/lecture time?

Mentee

There is no right or wrong answer. Write what you think or feel about the statements below, how it makes you feel and what you would like. By completing you are confirming that you are happy to talk about any topics related to your answers. Yes/No?

The best thing that happened to me was.....

I am learning to.....

I like.....

When I have finished education I would like to.....

I wish people would.....

I am good at.....

My favourite music is.....

I don't like.....

I feel most confident when.....

I find it difficult when.....

Equal Opportunities Monitoring Form

Kaleidoscope Enterprise is committed to ensuring that all potential mentees are treated fairly. Although the mentoring is primarily targeting Black and minority ethnic young people (i.e. any pupil who, based on the 2001 Census classification would define their race and ethnic background as other than White British), we would be flexible and extend our project to all pupils, including those from White British background, approaching us for support.

To help us monitor the effectiveness of this commitment, please complete and return this form with your application.

I would describe my ethnic origin (based on the 2001 Census classifications) as:

<p>ASIAN: Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background (please specify).....</p>	<p>BLACK: African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background <input type="checkbox"/> (please specify) </p>	<p>WHITE: British <input type="checkbox"/> Irish <input type="checkbox"/> Traveller <input type="checkbox"/> Roma Gypsy <input type="checkbox"/> Any other White background (please specify).....</p>
<p>MIXED: White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed background (please specify) <input type="checkbox"/> </p>	<p>RELIGION OR BELIEF: None <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Buddhist <input type="checkbox"/> Jewish <input type="checkbox"/> Sikh <input type="checkbox"/> Any other religion (please specify).....</p>	

Thank you for completing this referral form. Please return **all** sheets either via email to mentoring@kaleidoscopeenterprise.org.uk or post to:

“Reaching Up” - Community Mentoring Service
Kaleidoscope Enterprise
C/o CDA for Herts.
Birchwood Avenue, Hatfield AL10 0PS

www.kaleidoscopeenterprise.org.uk

Telephone: 01707 695519