

### Mentoring Referral Form

This form is for **professional referrers** only and should **not** be completed by individuals. Forms for individuals can be found in the 'For Young People' and 'For Families' section of thedoor.org.uk

**SECTION A: Details of the person in need of support: Please tick all that apply**

Young Person <input type="checkbox"/>	Has A Social Worker <input type="checkbox"/>	Has experienced the criminal justice system <input type="checkbox"/>
Parent/Carer <input type="checkbox"/>	Is in care/a care leaver <input type="checkbox"/>	Is a Refugee / Asylum Seeker <input type="checkbox"/>

First Name(s):		Pronouns:	
Last Name:		Date of Birth:	
Ethnicity/Nationality:		Sex:	
Address:			
			Postcode:
Home Phone:		Mobile Phone:	
Email:			
School/ College (Where appropriate):			

**Preferred contact for the initial meeting:**

Name:	Number:
Relationship to applicant:	

**Emergency contact details (if different from preferred contact)**

Name:	Number:
Relationship to applicant:	

**SECTION B: Referrer Details**

Full Name:	Agency:
Email Address:	Contact Number:
Details of other agencies having contact with this person:	

**SECTION C: Current situation**

Please provide a short summary of the support needed and reason for the referral:

**PLEASE TURN OVER - ALL INFORMATION IS REQUIRED TO MAKE A REFERRAL**



<b>To be completed by the person needing support ONLY:</b>
Why do you think you need support? What difference will this support make for you?

**SECTION D: Declarations – Person in need of Support**

I am aware of this referral. I understand the need to commit to support and attend all meetings.

I consent to The Door storing and processing my personal information for use in connection with my support, for the safety of myself and others in accordance with Data Protection law.

I understand that it may also be used on an anonymised basis for the purposes of monitoring and improving The Door’s services.

I understand that The Door works with other trusted agencies that also provide individual and family support. If The Door considers it more appropriate for one of these other agencies to support me or my family, I consent to The Door sharing my application for support / referral with this agency. I understand that The Door will inform me if this is the case.

Signed (Person looking for support) : \_\_\_\_\_ (Parent / Carer if under 13 years)

Name(printed) : \_\_\_\_\_ Date: \_\_\_\_\_

Full details can be found at [thedoor.org.uk/privacy](http://thedoor.org.uk/privacy)

**SECTION D: Declarations – Referrer**

Have you spoken to a member of The Door team about this referral? If so who?	
I confirm I have read The Door’s Referral Guidelines (available at <a href="http://thedoor.org.uk">thedoor.org.uk</a> )	
Signed: _____	Date of Referral: _____

**SECTION E: Voluntary Donation**

**Support from The Door is free.** As a charity, we rely on generous donations to keep our service running. If you would like to make a donation visit: [thedoor.org.uk/donate](http://thedoor.org.uk/donate) or call 01453 756745  
**This will in no way affect the support you receive.**

**SECTION F: Monitoring**

Where did you hear about The Door?	
Where did you find this form?	

Please return this form to **The Door** by email to [mentoring@thedoor.org.uk](mailto:mentoring@thedoor.org.uk)  
or by post to **The Door, 44-45 High Street, Stroud, GL51AN**