

Request For Mentoring In School

This form should be completed in collaboration with the young person seeking support. Please complete all parts of the form in full and ensure that the young person's voice is included where indicated. Incomplete forms may be returned which will delay mentoring.

SECTION A: Details of the staff member completing form

| | | | |
|------------------|--|------------|--|
| School/ College: | | Full Name: | |
| Email: | | | |

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

| | | |
|---|---|--|
| Full Time - Time Table <input type="checkbox"/> | Has A Social Worker <input type="checkbox"/> | Has experience of criminal justice system <input type="checkbox"/> |
| Part Time - Time Table <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: | Sex: |
| Date of Birth: | |
| Address: | |
| Postcode: | |
| Home Phone: | Mobile Phone: |
| Email: | |

SECTION C: Emergency contact details (Parent / Guardian)

| | |
|----------------------------|---------|
| Name: | Number: |
| Relationship to applicant: | |

SECTION D: Current situation

Please provide a short summary of the support needed / reason for the request.

Other Agencies / Contact With The Door

Please list details of any other agencies you are currently or have been receiving or pursuing support from:

Are any other members of your family / household currently receiving support from The Door?

PLEASE TURN OVER - ALL INFORMATION IS REQUIRED TO MAKE A REQUEST FOR SUPPORT

This box must be completed in the voice of the young person requesting support.

(We will not be able to accept referral forms if that voice is not included.)

Why do you think you need support? What difference will this support make for you?

SECTION E: Declaration.

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 details with this agency. I understand that The Door will inform me if this is the case.

Signed (Person requesting support) : _____ (Parent / Carer if under 13 years)

Name(printed): _____ Date: _____

Full details can be found at thedor.org.uk/privacy

Please return this form to **The Door** by email to mentoring@thedor.org.uk
or by post to **The Door, 44-45 High Street, Stroud, GL51AN**