Westminster Befriend a Family

18 Buckingham Palace Road

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 **Parent Referral Form: Broadening Horizons Mentoring Project**

**Family Information**

**Parent**

 Name:

Address:

Phone:

How would you describe your ethnicity?

What languages do you speak at home?

**The Young Person who would like a mentor**

Name:

Date of Birth: Age: Gender:

Address (if different from above):

Phone:

How would you describe their ethnicity?

What languages do they speak at home?

**Young Person’s School Details**

Teacher name:

Teacher’s Job Title:

School Name and Address:

School Contact Telephone Number:

Email Address of Relevant Staff Member:

**Who else lives in the family home?:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship** | **Date of Birth** | **Age** |
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Do you have any other people working with you, for example family support worker or social worker, or anyone else?

|  |  |
| --- | --- |
| **Name:****Profession:****Telephone:****Type of Support provided:** | **Name:****Profession:****Address:****Telephone:****Support provided:** |

**Does the young person have any of the following issues?** If yes please circle.

* Physical disability
* Long term health condition
* Learning difficulty
* Mental health condition
* Behaviour difficulties

**Please tell us whether anyone in family has needs relating to the following (please circle):**

Drug/Alcohol Abuse Domestic Violence Mental Health Long Term Health Issues Disabilities

**Other?**

**What help would the young person like from their mentor?**

* Building confidence
* Homework help
* Employment and training support
* Careers advice and support
* Social skills
* Developing interests outside of school
* Other

**What would you like your child to gain from having a mentor?**

**Have you discussed this referral with your child, and did they agree to working with a mentor?**

**Yes / No**

***WBAF mentors work with families for six months.***

By signing this and agreeing to this referral you are giving consent for us to hold your personal information in our electronic records.

Your Signature:

Todays date:

If you have any queries please contact the Service Co-ordinator Loris Konaizeh:

Phone: 02078282765

Email: Loris@befriendafamily.co.uk

Address: Westminster Befriend a Family , 18 Buckingham Palace Road SW1W 0QP