



HAVERING MIND
HARROW LODGE HOUSE
HORNCHURCH ROAD
HORNCHURCH RM11 1JU
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INVESTOR IN PEOPLE

Child and Adolescent Mentoring Scheme Referral Form

Telephone/Fax 01708 457777

Date Referral Received.....Date of Havering Mind Response.....

Client's Personal Details

Name.....M/F.....DOB.....Age.....
Address.....
Post Code.....Tel No.....

Referrer's NameTel No.....
Position.....
Address.....
.....Post Code.....

Reason for Referral.....
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.....
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.....
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Living Situation.....
Family Background.....
Physical disabilities.....
Cultural/Language/Religious Aspects.....
Interests/Hobbies.....
Household Pets (please specify).....
Additional Information.....
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Please attach any other information such as assessments or reports, which will strengthen the referral. Thank you.

Other Factors

- ◇ Engaged in YOT/YISP
- ◇ Learning Disabilities
- ◇ Autistic Spectrum

- ◇ In Care
- ◇ Child Protection Register
- ◇ Nuisance/Antisocial
- ◇ Young Carer

Details of other factors

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Other Agencies Involved:

Name.....Tel No.....

Address.....

.....Post Code.....

In Case of emergency, next of kin:

1. Name.....Tel No.....

Address.....Post Code.....

2. Name.....Tel No.....

Address.....Post Code.....

Ethnic Origin

| White | Please Tick | Mixed | Please Tick |
|-------------------------------|-------------|-------------------------------|-------------|
| British | | White / Black Caribbean | |
| Irish | | White / Black Africa | |
| Any other White background | | White Asian | |
| Black / Black British | | Any other mixed background | |
| Caribbean | | Other Ethnic Groups | |
| African | | Chinese | |
| Any other Black background | | | |
| Asian or Asian British | | Any other ethnic group | |
| Indian | | | |
| Pakistani | | Not stated | |
| Any other mixed background | | | |

I agree to Information sharing with the other agencies involved

SIGNATURE..... **DATE**.....

SIGNATURE OF PARENT/GUARDIAN..... **DATE**.....

SIGNATURE OF REFERRER..... **DATE**.....

Having Mind is funded by the London Borough of Havering, Havering Primary Care Trust and from voluntary contributions

Company No. 4184862 Registered Charity No. 1108470

Date 25th September 2008