

## NDYP Mentoring Referral

# Spark2Life Referral Form: The Ubuntu Project (Over 18s)

Please email the completed referral form (as much info as possible) to John Apena's secure email account:

[john.apena@spark2life.cjism.net](mailto:john.apena@spark2life.cjism.net) from your own CJSM account or

[john@spark2life.co.uk](mailto:john@spark2life.co.uk) password protecting the referral form

### Criteria for Referral

Please highlight which criteria applies to your client.

- Known group/gang offender (can be evidenced)
- Known violent offender (violence linked to group/gang activity)
- Carries weapons
- Convictions for violent offences
- Has been a victim of a violent crime

### Referrer's Details

Date of Referral:							
Agency:	YOS	PS	Social Care	DWP	Mental Health	Health	Other:
Name of Referrer:							
Telephone Number:				Email Address:			

### Client's Details

Name:							
Surname:							
Age:	Date of Birth:		Gender:		Male	Female	
First Language:	Immigration Status:			Religion:			
Home Address:			Any concerns with current address/area:				
Type of Accommodation:	Temporary	Permanent		Hostel	Supported Accommodation		Other:
Housing Provider:							
Telephone (home):				Mobile:			
ETE Status:	School	College	Part-Time Employment/Training		Full-Time Employment/Training		NEET
Do They Require Personal Identification:	Birth Certificate		Passport		Provisional Licence		Driver's Licence
Additional Risk Factors	SEND	Exclusion from	Youth	Gangs	Domestic	Refugee/Asylum	Looked Mental

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