

# Spark2Life Meaningful Mentoring Referral Form: 11 – 18 year olds Children/Young people (CYP)

Please email the completed referral form to the RCT Mentoring secure email account [rct.mentoring@spark2life.cjsm.net](mailto:rct.mentoring@spark2life.cjsm.net) : from your own CJSM account or [rct-mentoring@spark2life.co.uk](mailto:rct-mentoring@spark2life.co.uk) password protecting the referral form

Criteria for Referral *					
<b>Please highlight which criteria applies to your CYP:</b> <ul style="list-style-type: none"> <li>▪ Known group/gang offender</li> <li>▪ Known violent offender (violence linked to group/gang activity)</li> <li>▪ Carries weapons</li> <li>▪ Violent behaviour (including threats to harm)</li> <li>▪ Convictions for violent offences</li> <li>▪ Has been a victim of a violent crime</li> <li>▪ Drug related activities</li> <li>▪ Exploitation</li> </ul>					
<b>Eligibility evidence by:</b>					
Multi Agency Safeguarding Hub (M.A.S.H)	School Information Management system (S.I.M.S)	Violent Reduction Unit (VRU)	National Offenders Management System (N.O.M.S)	Out of court disposal order (OCD)	Other: please note
Referrer's Details *					
Date of Referral:					
Agency:	YOS	Social Care	PRU	Other	
Name of Referrer:					
Telephone Number:			Email Address:		
Client's Details *					
Name:					
Surname:					
Age:	Date of Birth:			Male/Female/Non-Binary/Prefer to self-describe/Prefer not to say	
First Language:		Immigration Status:		Ethnicity:	
Home Address:				Any concerns with current address/area:	
Telephone (home):				Mobile:	
Parent/Carers Name and contact details:					

Additional information										
<b>Type of Accommodation:</b>	Temporary	Permanent	Hostel	Supported Accommodation	Other:					
<b>Housing Provider:</b>										
<b>ETE Status:</b>	School	College	Part-Time Employment/Training		Full-Time Employment/Training		NEET			
<b>Do They Require Personal Identification:</b>	Birth Certificate		Passport			Provisional Licence		Driver's Licence		
<b>Additional Risk Factors</b> [please tick any that risks or actual]	SEND	Exclusion from education	Youth Violence	Gangs	Domestic Violence	Refugee/Asylum Seeker	Looked After	Mental Health		
Offending History *										
Offence	Order/Sentence	Conditions			Start Date	End Date				
Other Professionals Working Involved										
Professional's Name	Agency	Professional's Role				Contact Info (Phone and email)				

CYP to sign and date			
I can confirm that I agree for this referral to be made			
Name		Date	
Signature			

**Verbal consent is accepted - please note in the signature box – verbal consent and date**

Parental consent for CYP under 16* to join the RCT			
Name		Date:	
Signature			
Relationship to CYP			