

Children First Derby

Registered Charity No. 111157

13 Leopold Street
Derby
DE1 2HE

Website: www.childrenfirstderby.co.uk

E-mail: befriendingservice@childrenfirstderby.co.uk

Tel: 01332 341516

Fax: 01332 720637

Peer Mentoring Service

Referral Form

Name _____

Date _____ DOB _____ Age _____

Address _____

Post Code _____ Contact Number _____

Email _____

If Agency Referral please complete details

Referral by _____

Contact Details _____

What Support are you offering at the moment? _____

Assessment Details

Please list any requirements you may have E.G Do you require wheelchair access?
Would you prefer a male or female support worker?

Please list any information that you feel is important for our service to know about including more about your current situation and any hobbies or interests.

	Date
Signature of worker completing the form	
Signature of Young Person applying for peer mentoring support (If present)	

Thank you for taking the time to complete this form, if you have any comments about our Service please contact us.

For Office Use Only

Date Referral received		Staff Signature
Date contacted on		Staff Signature
Initial visit arranged for		Staff Signature
Has the following been explained to the young person during initial visit? <small>(To be signed by the young person)</small>	YES	NO
The Service and type of support we can offer		
Child Protection Policy		
Complaints procedure		