



## Tutoring/Mentoring Referral Form

<b>Young Person's Details</b>					
Surname		First Name			
Gender		Ethnicity		D.O.B.	
Address					
Tel.		Mobile		E-mail	

<b>Referrer's Details</b>					
Surname		First Name			
School/profession					
Address					
Tel.		Mobile		E-mail	
Relationship to young person					

<b>Additional Information About This Young Person</b>	

<b>At risk of NEET (not in education, employment or training) Factors (please tick)</b>			
Poor Attendance (below 80%)		Exam / Course work marks below potential • Likely achievement (please state)/predicted grades:	
Involvement in gangs/affiliation		Health concerns	
Achievement expected below Level 2		Numeracy difficulties	
Literacy difficulties		Peer difficulties	
Communication issues		Locality with high levels of NEET	
SEND		Lone Parent	
Young Offender – Recent / recurrent behaviour		Care Leaver / In Care	
Other (please state)			
<b>Other Potential Risk Factors</b>			
Accommodation Problems		Benefit Problems	
young Carer		English as an Additional Language	
Drug / Alcohol Problems		Single parent with significant difficulties engaging with learning	
Refugee / Asylum seeker		Traveller	
Other (please state)			
<b>Disclosed disability/medical condition, or Learning Difficulty</b>			

<b>Home circumstances (e.g. living with family or living with carer)</b>
<b>Any additional relevant information: (e.g. health issues etc.)</b>

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Other Professionals Working with this Young Person			
<b>NAME</b>		Position	
		Agency	
Tel:		Mobile	
E-mail			

<b>NAME</b>		Position	
		Agency	
Tel:		Mobile	
E-mail			

<b>NAME</b>		Position	
		Agency	
Tel:		Mobile	
E-mail			

Additional information	
Specific support you feel that the young person needs:	
Did the young person engage?	

Intervention/Tuition Details	
Online or Face-to-Face	
Full address of location	
Start date	
End date and/or total number of hours commissioned	
Baseline assessment required	Yes No
Subject 1	
Hours per week for subject 1	
Subject 2	
Hours per week for subject 2	
Subject 3	
Hours per week for subject 3	
Prospero Bespoke Programme	
Hours per week for Programme	
Tutor requirements	

Referrer's signature:		Date:	
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