

# ONE TO ONE MENTORING INTERVENTION REQUEST:

FAO: Lifespace, The Old Stables, 1a Brewery St, Stratford-Upon-Avon, Warks. CV37 0BQ  
 Tel: 01789 297400 Email: [info@lifespace.org.uk](mailto:info@lifespace.org.uk) Web: [www.lifespace.org.uk](http://www.lifespace.org.uk)

Young person	Request made by
Name: _____	Name: _____
Gender: M / F      Year group: _____	Position: _____
Town/village of residence: _____	Organisation: _____
Month/year of birth: _____ / _____	Town: _____
Tutor group: _____	Contact no. _____
Ethnicity (e.g. white/black British): _____	

<b>Reason for intervention by lifespace:</b>  	<b>Focus of work</b> (tick as many as relevant) <input type="checkbox"/> Self-worth <input type="checkbox"/> Friendship & communication skills <input type="checkbox"/> Resolving conflict <input type="checkbox"/> Emotional Literacy <input type="checkbox"/> Other:
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<b>In what ways will mentoring intervention address the issues detailed above. Please include any specific outcomes:</b>  <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	<b>Checklist (circle Y or N):</b>  <b>Y / N</b> Has the young person been asked?  <b>Y / N</b> Has written consent from parent / carer been obtained?  Should the <b>mentor</b> be (circle one): <b>Male / Female</b>
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**PLEASE LOOK AT THE RISK ASSESSMENT OVERLEAF TO ASSESS RELEVANCE**

**Are there any current or historic warning signs that we should be aware of?**

e.g. self-harm or harm to others, neglect, suicide attempts, violent behaviour, arson etc.

\*If yes, we request that you work with us to complete the assessment of risk overleaf

<b>YES* / NO</b>
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**Involvement of other agencies** (please provide contact name & phone number if known):

- |  |   |
|--|---|
| <input type="checkbox"/> Connexions:           | <input type="checkbox"/> Children & Young People's Service: |
| <input type="checkbox"/> Educational Services: | <input type="checkbox"/> Youth Offending Team:              |
| <input type="checkbox"/> Police:               | <input type="checkbox"/> Other (specify):                   |

**Signed by person authorising request:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office use only:

- Matched to mentor (name) \_\_\_\_\_ (date) \_\_\_\_\_ Forward copy: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS ONLY FOR THE ATTENTION OF LIFESPACE  
 IT IS NOT TO BE SHARED AND MUST BE STORED SECURELY AND PRIVATELY**

→ **Current Warning Signs:** For each listed warning sign, please answer:

(1) Are any of the following *warning signs* currently evident or applicable in the last 4 weeks?

(2) What is *the level of risk*?

- **HIGH** represents 'difficult to manage and likely to occur';
- **MEDIUM** represents either 'difficult to manage and unlikely to occur' or 'easy to manage and likely to occur';
- **LOW** represents 'easy to manage and unlikely to occur'

Warning Sign:	(1) Currently Evident? Yes or No	(2) Level of Risk? HIGH / MEDIUM / LOW	Any comments:
Violent threats or acts			
Expressed thoughts of suicide			
Attempted suicide			
Acts of self-harm (deliberate injury)			
Abuse of alcohol / drugs			
Stopped medication			
Events of loss (divorce or bereavement)			
Concern expressed by relative/carer			
Other signs (specify)			

→ **History of risk / risk-related behaviour / circumstances at any time:**

	Yes or No	Please CIRCLE any which apply:
1. Harm to others		Thoughts / urges / threats / physical assault / emotional abuse / sexual abuse
2. Harm to younger children		Thoughts / urges / threats / physical assault / emotional abuse / sexual abuse
3. Harm to older adults		Thoughts / urges / threats / physical assault / emotional abuse / sexual abuse
4. Deliberate self-harm		Threats / incidents / suicidal thoughts / expression of suicidal intent / attempted suicide / type of harm:
5. Non-deliberate self-harm		Neglect of diet / physical health / self care / Domestic risk / neglect of personal safety
6. Harm caused by others		Has been victim of exploitation by others / Has been victim of assault / abuse by others
7. Reckless behaviour		Arson / Severe damage to property / Dangerous driving / Careless smoking / Cruelty to animals / Other behaviour
8. Social vulnerability		Isolated / Consistent non-attendance at school
9. Other - specify:		Not taking prescribed medication / Other:

→ **Risk Plan:** Note here anything specific that needs to be considered for this referral:

1. Venue for mentoring	
2. Timing of sessions	
3. People present at mentoring	
4. Body language /behaviour to be mindful of	
5. Special notes to be taken	
6. People to keep informed	
7. Other - specify:	

Office Use: Date completed: \_\_\_\_\_

Completed by: \_\_\_\_\_