

GROUP 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 Web: www.lifespace.org.uk

Young persons (max. of six):	Gender	Year group	Request made by:
Names:	M / F		
1.			Name: _____
2.			Position: _____
3.			Organisation: _____
4.			Town: _____
5.			Contact no. _____
6.			Email: _____

Reason for intervention by Lifespace: 	Focus of work (tick as many as relevant) <ul style="list-style-type: none"> <input type="radio"/> Self-worth <input type="radio"/> Friendship & communication skills <input type="radio"/> Resolving conflict <input type="radio"/> Emotional Literacy <input type="radio"/> Other:
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In what ways will mentoring support address the issues (raised above). Please include any specific outcomes next to mentee initials:

Are there any current or historic warning signs that we should be aware of in those named above 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 an assessment of risk.

Involvement of other agencies (please include contact details and phone no. if known):

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="radio"/> Educational Services: <input type="radio"/> Police: <input type="radio"/> Children and Young People's Service: | <ul style="list-style-type: none"> <input type="radio"/> Youth Offending Team: <input type="radio"/> Other (specify): |
|--|---|

YES* / NO

Signed by person authorising intervention: _____ **Date:** _____

Signing this form also acknowledges that all parental/guardian written consent has been gained by you.

**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**

Office use only:

- Matched to mentors: _____ Date: ____/____/____
- Date of first session arranged: ____/____/____ Review date: ____/____/____