

## Request for Early Help Mentoring Support

This form is to be filled in when requesting support for a family at level 2 of the Surrey Level of Need document from Surrey Children's Services.

<b>Form Completed by:</b>		
<b>Name of person making request:</b>	<b>Job title:</b>	<b>Agency:</b>
<b>Address:</b>	<b>Email:</b>	<b>Telephone:</b>
<b>Date of Contact:</b>		
<b>Consent:</b>		
Does the parent/young person give consent for this support request? <input type="checkbox"/> YES <input type="checkbox"/> NO If not then why?		
Does the parent/young person give consent to information being shared with partner agencies? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Who has given consent?		
Has the parent/carer specified that information should NOT be shared with a particular person/agency? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify		

<b>Surrey Care Trust has the right to refuse a referral with the following criteria:</b>
<ul style="list-style-type: none"> <li>• <b>Suicide ideation – historic period will be counted as over 1 year</b></li> <li>• <b>Criminal offences – current i.e. needs targeted work (including drug dependency)</b></li> <li>• <b>Recently excluded from school with no educational package</b></li> <li>• <b>Attending a specialist school ( our mentors will not have the necessarily specialist skills)</b> <i>NB: A child in mainstream with SENCO package. A mentor can assist with social interaction. This will be on a case by case basis</i></li> <li>• <b>Agoraphobic – isolated and unable to leave the home</b></li> <li>• <b>A mentor is NOT a befriender</b></li> </ul>

<b>1. Child/Young Person's Details (including siblings):</b>							
Surname	First Name	Age/DOB/EDD	M/F	Ethnicity / Language	School/Nursery	Religion	Address and telephone number

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### 2. Parent/Carers Details: (Those with parental responsibility)

Surname	First Name	Age/DOB/ EDD	M/F	Ethnicity / Language	Relationship to Child/Young Person	Religion	Address and telephone number
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		

Does the child and/or family have a disability or special needs?

Are there any communication difficulties?

### 3. State other professionals involved:

Name	Job Title	Address	Telephone/email

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### 4. What are the Child, Young Person, Family's needs:

Outline as much detail as possible the reason for the Early Help mentoring support and the needs you have identified for the family, young person or child? Including relevant history where known. Please note that if sufficient information is not provided, your form will be returned to you and this will delay your request for support.

What support do the family currently have? What support/agency have the family tried?

What are the family's strengths and how can these be built on?

### 5. Previous Involvement from other agencies:

Has an Early Help Assessment been completed?  Yes, please attach  No

Has a C&F Assessment been completed?  Yes, please attach  No (Attach forms only with parents' consent)

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**What early help support has already been offered by your agency and/or other agencies and what were the outcomes?**

**Are you aware of any previous social work involvement with this family in Surrey/elsewhere?**  YES  NO

**If YES, please give details, including approximate dates:**

**6. Are there any issues we should be aware of when contacting parents/carers:**

YES  NO

**If yes, please specify**

**7. Has there been a risk assessment to attend the family home:**

YES  NO

**If yes, please specify**

**Please send the form to:** [mentoring@surreycaretrust.org.uk](mailto:mentoring@surreycaretrust.org.uk) (You will receive a response from one of the borough managers)