



**REFERRAL INFORMATION** (to be completed by the person making referral)

Name of person making referral:	Position:
Name of Agency (if applicable):	
Agency Address:	
Contact Number:	
Email:	
Date of referral:	

**REASON FOR REFERRAL**

Has the family been informed of the referral to ROC Tele-mentors? YES / NO

How long has the family been known to you? \_\_\_\_\_

State reason for referral together with any useful information about the family being referred:
Are there any particular risks/vulnerabilities associated with the family? YES / NO If Yes, please provide details
How do you think the family will benefit from the ROC Tele-mentor programme?



**Are you aware of any other agencies working with or supporting the family at this time?**

**YES / NO**

**If yes; please provide details**

**Any added information which would be helpful to know when matching to a mentor**

**Signature of person making referral:** \_\_\_\_\_

**Date of referral:** \_\_\_\_\_

**Please return this form to:**

**Victoria Duncan [victoriaduncan@roc.uk.com](mailto:victoriaduncan@roc.uk.com)**

**Or**

**ROC Tele-mentors Ballysillan**

**ROC Northern Ireland**

**c/o The Vine Centre**

**193 Crumlin Road**

**Belfast**

**BT14 7AA**

**FOR OFFICE USE ONLY:**

Date Referral received:

Is this referral deemed appropriate for ROC Tele-mentoring? YES / NO

If no, provide reason: \_\_\_\_\_

Date of Follow Up Call with Referral Agent:

Date of Meeting with Referral Agent & Project Co-ordinator:

Name of Mentor:

Date of first meeting with mentor:

Date of final session with mentor:

Project Co-ordinator Signature:

