

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 at victoriaduncan@roc.uk.com

or

ROC Tele-mentors Larne

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 Coordinator:

Name of Mentor:

Date of first meeting with mentor:

Date of final session with mentor:

Project Co-ordinator Signature:

