

## ROC TELE-MENTORS BALLYSILLAN AGENCY REFERRAL FORM

ROC Tele-mentors is an online 10-week mentoring scheme providing early help to families affected by Covid-19 and the lockdown restrictions. The scheme is a short-term intervention to help families begin to lay the foundation for a better future.

## **FAMILY INFORMATION**

| Name of nominated adult:                 | Relationship to family: (Mother / Father etc)   |
|--|---|
| Age:                                     | Date of Birth:                                  |
| Address:                                 |   |
|  | Postcode:                                       |
| Telephone (Home):                        | Mobile:   |
| Email address:                           |   |
| Details of all children living at the fa | mily home – Please give names and ages together |
| with schools attended below:             |   |
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(Continue on a separate sheet if necessary)





| 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  How long has the family been known to you? |   |
| State reason for referral together with any use referred:  | eful information about the family being |
| Are there any particular risks/vulnerabilities of If Yes, please provide details                                 | associated with the family? YES / NO    |
| 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   |
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| Any added information which would be helpful to know when matching to a mentor                   |
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|  |
| Signature of person making referral:   |
| Date of referral:  |
| Duie di lelellui.  |

Please return this form to:
Victoria Duncan victoriaduncan@roc.uk.com
Or
ROC Tele-mentors Ballysillan
ROC Northern Ireland
c/o The Vine Centre

Belfast BT14 7AA

193 Crumlin Road

| 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:  |



