

ROC TELE-MENTORS LARNE 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

FAMILT INFORMATION	
Name of nominated adult:	Relationship to family:
	(Mother / Father etc)
Age:	Date of Birth:
Address:	
	Postcode:
Telephone (Home):	Mobile:
Email address:	
	no. Diama site names and area to relian
with schools attended below:	me – Please give names and ages together

(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: Are there any particular risks/vulnerabilities of the state of	
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 <u>victoriaduncan@roc.uk.com</u>

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 Signatura:



