A close up of a sign

Description automatically generatedMENTORING PROGRAMME

FOR YOUNG PERSONS

Mentoring Referral Form

**Way 2 Work Ireland** is a service funded by Tusla to create opportunities and support ambition for young people in state care. Our aim is to be a bridge between young people aged 16 to 24 and apprenticeship and employment opportunities.

***Completing the Form:*** *All answers should be typed in. The document should be signed by the applicant and area manager before being scanned and returned to:* [*info@way2work.ie*](mailto:info@way2work.ie)

# REFERRAL CRITERIA

**Applicants must have the following criteria’s to be considered on the programme:**

* **Interested in being mentored**
* **Have their own working phone**
* **Be fluent in English**
* **Be aged between 16-21 years old**
* **Must have basic computer knowledge (if necessary)**

# REFERRAL DETAILS

|  |  |
| --- | --- |
| Name of referrer: |  |
| Position: |  |
| Office Address: |  |
| Local Area (for Tusla Applications) | Choose an item. |
| Mobile number: |  |
| Email: |  |

|  |
| --- |
| In what capacity do you know the young person? |
|  |
| When did you start working with the young person? |
|  |
| How long will you be working with the young person? |
|  |
| How does your service intend to support the young person on their Mentoring Journey with Way 2 Work Ireland |
|  |
| Please provide evidence of the applicant’s motivation: |
|  |

# YOUNG PERSON DETAILS

|  |  |
| --- | --- |
| Name: |  |
| Date of Birth: |  |
| Age: |  |
| Gender: |  |
| Address: |  |
| Postcode: |  |
| Mobile Number: |  |
| Email: |  |

# IN CASE OF EMERGENCY

|  |  |
| --- | --- |
| Emergency contact name: |  |
| Relationship to Applicant: |  |
| Phone Number: |  |
| Address: |  |

# MEDICAL HISTORY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mental Health | Epilepsy | Asthma | Diabetes | Allergies | Other |
|  |  |  |  |  |  |

|  |
| --- |
| Please provide details: |
|  |

# Work Experience

Does the young person have work experience (highlight as appropriate)

|  |  |
| --- | --- |
| Yes | No |

|  |
| --- |
| Please include as much details, for example, list the job title, the job description and responsibilities and dates worked: |
|  |

# EDUCATION

What level of education has the young person completed?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Junior Cert | Leaving Cert | Higher Cert (Level 6) | Ordinary Degree (Level 7) | Honours Degree (Level 8) | Master Degree  (Level 9) |
|  |  |  |  |  |  |

|  |
| --- |
| List other achievements to include ECDL, Safe Pass, Manual Handling, Driving licence etc.**:** |
|  |

Does the young person currently attend:

|  |  |  |  |
| --- | --- | --- | --- |
| School | College | In Employment | Other |
|  |  |  |  |

# INTERESTS & HOBBIES

What are the young person’s interests and hobbies?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Accountancy | Animal & Pets | Arts | Beauty | Catering |
|  |  |  |  |  |
| Childcare | Cinema | Clothing design | Cooking | Horticulture |
|  |  |  |  |  |
| IT | Languages | Motor | Music | Photography |
|  |  |  |  |  |
| Sales & Customer service | Social work & Charity | Sports | Tourism | Other |
|  |  |  |  |  |

|  |
| --- |
| Please list any other hobbies and interests not listed above: |
|  |

|  |
| --- |
| List supports necessary for the young person to secure employment and include the person responsible for supporting the young person. ***Note: Way 2 Work Ireland does not offer training*** |
|  |

Rate 1 to 5 (1 being the lowest):

|  |  |
| --- | --- |
| Punctuality: |  |
| Attendance: |  |
| Conflict Management: |  |
| Engagement with key support: |  |

# RISK FACTORS

Does the applicant have a history of (highlight as appropriate):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Violence | Verbal Abuse | Substance abuse | Self-harm | Other |
|  |  |  |  |  |

|  |
| --- |
| List further “Other” details which may affect employment: |
|  |

Is the behaviour likely to be repeated (Highlight as appropriate)?

|  |  |  |  |
| --- | --- | --- | --- |
| Very Unlikely | Unlikely | Likely | Very likely |
|  |  |  |  |

|  |
| --- |
| Is there anything the Mentoring service can do to reduce the risk? |
|  |

|  |
| --- |
| Is there any other relevant information that the Mentors should be aware of which has not been covered on this form? |
|  |

# YOUNG PERSON’S REASONS & DECLARATION

Please explain why you should be considered for the programme and what you hope to gain from our participation:

|  |
| --- |
| **I would like to be considered for the mentoring programme because...** |

I have agreed to share the above personal information, including any offending behaviour history, with Way 2 Work Ireland and their partner agencies, and understand that in giving this information, it will be treated in the strictest confidence.

I understand what working with Way 2 Work Ireland will involve and would like to be considered for the programme.

**Signature of Young Person:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print) (Signature) (Date)

**Signature of Referrer:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print) (Signature) (Date)

**Signature of Manager/ After Care Manager:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print) (Signature) (Date)

**THANK YOU**

We will be in contact once the application has been reviewed.