

Self Referral Form

They are many reasons why you might feel you can benefit from this project and would like to put yourselves forward. It may be that you are struggling to find a path for your future education or career, those struggling to integrate back into school after school closures during Covid, those from low-income households who would benefit from access to new experiences and confidence-building and many more.

If you are under 16, please ensure that you have full parental/guardian consent to submit your application

Please note that our team, volunteers and mentors are all fully DBS checked and trained in line with UK Ofsted, Charity, and BBC Children in Need Standards, and all your information is kept secure and private

| Name of Student |  |
| --- | --- |
| Student Date of Birth |  |
| Current Year Group |  |
| Current School Name |  |
| Contact Email |  |
| Contact Phone Number |  |
| Student Date of Birth |  |
| Current Year Group |  |
| Do you fall into any of the following categories? Please circle if so | FREE SCHOOL MEALS BAMELooked After Child (Foster Care)Recent UK arrival or refugeeSEND (Special Education Needs or Disabilities) |
| Why do you feel that you could personally benefit from our programme? i.e. 1-2-1 mentoring with a successful figure, school and wellbeing support and more. Please includestruggles you feel you are facing that we could help solve. |  |
| What are the specific areas that you could use the most support in? I.e. Confidence building/self-worth, understanding educational or job options in your future, goal setting orother. |  |
| Our mentoring typically takes place online, to work around students school times, and for the schedulesof our mentors - do you have access to a device and internet? |  |
| If possible, we would like to hear from the student, about why they want to take part in theprogramme too (not compulsory) |  |
| Do you have the parent/guardian’s permission to submit your information? (under 16’s only) |  |
| And finally, is there anything else you would like to mention to us? |  |
| Date |  |
| Student Full Name |  |
| Signature |  |

**Please return your form to contact@znaniyefoundation.co.uk,**

**with the subject line 'Ealing Mentoring Self Referral’**

**If you have any questions at all, please get in touch with us**



ZNANIYE FOUNDATION

REGISTERED CHARITY 1101796

[WWW.ZNANIYEFOUNDATION.CO.UK](http://www.znaniyefoundation.co.uk)

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