**Peer mentee referral form**

Request form for people who would like to receive one to one support from a mental health peer mentor.

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone number |  |
| Date of birth |  |

|  |  |
| --- | --- |
| Reasons for requesting a peer mentor |  |
| Personal interests |  |
| Are there any days/times when it won’t be possible to meet with a mentor?Would you like any additional support? Anything else to consider? |  |

I consent to The Advocacy Project holding my contact details for the purposes of the Peer Mentoring Scheme.

|  |  |
| --- | --- |
| Name  |  |
| Contact details(email address and phone number) |  |
| Is the person aware that this request has been made? | Yes | No |
| Date |  |

If you have completed this form on behalf of someone else, please fill in the table below.

Please return to:

****Sophie Hudson (Peer Mentoring Coordinator)

**020 3960 7910**

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**sophie@advocacyproject.org.uk**

Thank you for completing this form. The Advocacy Project will store your personal information safely and securely and will only use it for the purpose of delivering our services, as we have detailed in our Privacy Policy. The Privacy Policy can be found here <https://www.advocacyproject.org.uk/privacy-policy/> or you can ask for a copy.

The Advocacy Project records are held in accordance with current Data Protection legislation.