Borderlands Mentoring Project

Referral Form

Please complete this form and send it to Susanna Revolti, Mentoring Project Manager at Borderlands at [mentoring.borderlands@gmail.com](mailto:mentoring.borderlands@gmail.com); or send it by post to: Borderlands Mentoring Project, The Assisi Centre, Lawfords Gate, Bristol, BS5 0RE. If you have any queries about this form or the Mentoring project, please call Susanna on 07713 695 845

**Contact information for referee**:

Name:

Telephone:

Email (where available):

Level of spoken English: *Absolute Beginner / Beginner / Intermediate / Fluent*

First language:

Immigration status:

Gender: M / F

Age:

Date of the referral:

Availability: (Please outline what times of the week would be best to meet with a mentor)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Time: | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

Purpose of Mentoring:

Any additional information regarding language requirements or particular needs:

Contact Information for referring organisation

Name of organisation and referrer:

Telephone or Email:

Working hours: