***Participant information***

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Phone number:** |  |
| **Email address:** |  |
| **Date of birth:** |  |
| **Gender:** |  |
| **Country of birth:** |  |
| **Date of arrival to Australia:** |  |
| **Visa type:** |  |
| **Languages spoken:** |  |
| **English level:** |  |
| **What would the participant like mentor support with?**  *Supp* Mentors can provide support in a variety of areas including:   * English conversation and study support * Education and employment pathway support * Social support and building community connections * Local area orientation * Other – please mention |  |
| **Would the participant benefit from short term (1-4 sessions) or long term (4+ sessions) mentor engagement?** |  |
| **Would the participant prefer to be matched with a mentor of the same gender?** |  |
| **Is the participant able to meet their mentor in a BSL office or a public place (i.e. library, café)?** |  |
| **What are the participant’s available days/times to meet the mentor?** |  |
| **Is the participant currently impacted by any issues that would impact their engagement with a mentor?**  (For example: mental health, family violence, history of violent behaviour or drug and alcohol use) |  |
| **What other services is the participant currently engaged with?** |  |

***Referrer information***

|  |  |
| --- | --- |
| **Name:** |  |
| **Program / Organisation:** |  |
| **Phone / email:** |  |
| **Date of referral:** |  |
| **Will referrer have ongoing engagement with participant?** |  |

Please send the completed form to [northernbuddies@bsl.org.au](mailto:northernbuddies@bsl.org.au)