

Mediation Referral Form R1**Referrer details**

Name of agency / team	
Name of referrer	
Address	
Telephone and extension	
Email address	

Client details

Title and surname	
First name(s)	
Date of birth	
Address	
Telephone	
Living circumstances	
First language	
Has consent been given to contact?	

Background details

Known risks?	If Yes, please give details.
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Additional party details**Additional party 1**

Title and surname	
First name(s)	
Date of birth	
Address	
Telephone	
Relationship to client	
Has consent been given to contact?	

Additional party details	Additional party 2
Title and surname	
First name(s)	
Date of birth	
Address	
Telephone	
Relationship to client	
Has consent been given to contact?	

Additional party details	Additional party 3
Title and surname	
First name(s)	
Date of birth	
Address	
Telephone	
Relationship to client	
Has consent been given to contact?	

Additional party details	Additional party 4
Title and surname	
First name(s)	
Date of birth	
Address	
Telephone	
Relationship to client	
Has consent been given to contact?	

Please continue on annex R2 and attach this to the form, if there are additional parties.

Reason for referral

Please continue on annex R3 and attach this to the form, if there is additional information.

Additional information		
1. Has client's capacity to consent to mediation been assessed?	Yes	No
2. If yes, what is the outcome of that assessment?		
3. Has client's capacity to make decision(s) relevant to referral been assessed?	Yes	No
4. If yes, what is the outcome of that assessment?		
5. Is there a legally appointed decision-maker (attorney, deputy, appointee)?	Yes	No
6. If yes, which, who is appointed and when?		
7. Is the client subject to safeguarding procedures?	Yes	No
8. If yes, please indicate briefly the reasons and current status.		
9. Are Court proceedings pending or running?	Yes	No
10. If yes, please give details (nature of proceedings, stage reached)		
11. Does client have any particular needs?	Yes	No
12. If yes, please give details below (e.g. need for advocate, support person).		
13. Is there a specific need for a written mediation agreement?	Yes	No
14. If yes, please give reason why (e.g. context of Court proceedings)		

Authorisation	
Referrer's signature	
Print referrer's name	
Manager's signature	
Print manager's name	
Date	

Annex R2

Additional party details	Additional party 5
Title and surname	
First name(s)	
Date of birth	
Address	
Telephone	
Relationship to client	
Has consent been given to contact?	

Additional party details	Additional party 6
Title and surname	
First name(s)	
Date of birth	
Address	
Telephone	
Relationship to client	
Has consent been given to contact?	

Additional party details	Additional party 7
Title and surname	
First name(s)	
Date of birth	
Address	
Telephone	
Relationship to client	
Has consent been given to contact?	

When completed, please attach this additional page to referral form R1

Reason for referral

When completed, please attach this additional page to referral form R1