07459 119851

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[www.talkingresolutions.co.uk](http://www.talkingresolutions.co.uk)

 **Schools Mediation Referral Form**

Please complete **all** fields and email to **referrals@talkingresolutions.co.uk**

If you have any questions, please contact us to discuss.

|  |  |  |
| --- | --- | --- |
| Referrerdetails: | Name: |  |
| Organisation: |  |
| Role: |  |
| Contact numbers: |  |
| Email address: |  |
| Date of referral: |  |
| Purchase order number: |  |
| Party 1 | Name: |  |
| Position/role: |  |
| Contact numbers: |  |
| Email: |  |
| Has this person agreed to take part in mediation and confirmed they are happy for us to contact them? (Y/N) |  |
| Party 2 | Name: |  |
| Position/role: |  |
| Contact numbers: |  |
| Email: |  |
| Has this person agreed to take part in mediation and confirmed they are happy for us to contact them? (Y/N) |  |
| Relationship between the parties: |  |
| Nature of conflict: |  |
| Has there been any formal investigation? If so, what were the outcomes? |  |
| What are the anticipated outcomes from mediation? |  |
| Please provide any other information that may be helpful to the mediators. |  |