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

**Community Mediation Referral Form**

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

|  |  |  |
| --- | --- | --- |
| **Referrer’s****details** | Name: |  |
| Organisation/dept: |  |
| Tel numbers: |  |
| Email: |  |
| Date of referral: |  |
| Purchase order number: |  |
| **Party 1** | Name: |  |
| Address: |  |
| Postcode: |  |
| Tel numbers: |  |
| Email: |  |
| Tenure: |  |
| Vulnerability: low/medium/high: |  |
| Are there any support needs? |  |
| Has Party 1 agreed to mediation and confirmed they are happy for us to contact them? (Yes or no): |  |
| **Party 2** | Name: |  |
| Address: |  |
| Postcode: |  |
| Tel numbers: |  |
| Email: |  |
| Tenure: |  |
| Vulnerability: low/medium/high: |  |
| Are there any support needs? |  |
| Has Party 2 agreed to mediation and confirmed they are happy for us to contact them? (Yes or no): |  |
| Brief nature of conflict:  |  |
| **OTHER AGENCIES** |
| Details of other agencies involved including contacts for support agencies: |  |
| Is there any current police involvement? If so, please give details. |  |
| **RISK INFORMATION** |
| Are there any concerns with lone visiting either party? |  |
| Is there any other information that may be relevant to the safety of mediators? If so, please state. |  |
| **CONSIDERATIONS** |
| Please provide any available information that may help mediators e.g. language barriers, best times to contact, etc. |  |
| Are there any known issues regarding excessive alcohol consumption or drug abuse by either party? |  |
| Do you feel both parties are able to fully engage in discussions and to formulate and adhere to agreements? |  |