

Mediation/Conflict Coaching Referral Form

SECTION 1	Referrers details		Date:	
Name of Referrer			Job role	
Email			Contact no.	
Organisation			Mobile no.	

SECTION 2	Young Person Y/P details (PARTY 1)			
Name				
Date of birth		Age		Gender
Address				
Postcode		Contact No.		
Email				
School / College				
Has Y/P agreed to mediation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

SECTION 3	PARTY 2 details (this can be parent/carer/young person)			
Name				
Relationship to y/p			Email	
Address (if different to y/p)				
Postcode		Tel.		
Has Party 2 agreed to mediation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

SECTION 4	Reason for Mediation/Conflict coaching referral (brief description of the conflict according to young person and/or family members including issues within the home and/or school)

SECTION 5	Young Peoples Need/Risk Assessment
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<p>Please provide full details of the issues experienced by the young person/family members, including any known risks</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Care background <input type="checkbox"/> Young carer <input type="checkbox"/> Bullying <input type="checkbox"/> Blended family <input type="checkbox"/> Communication <input type="checkbox"/> Sexual Health <input type="checkbox"/> Alcohol / Drugs <input type="checkbox"/> Self-harm <input type="checkbox"/> Suicide <input type="checkbox"/> Mental health <input type="checkbox"/> ADHD <input type="checkbox"/> Homeless </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Rules, Boundaries, Behaviour <input type="checkbox"/> Learning difficulties <input type="checkbox"/> Neurodiversity <input type="checkbox"/> Physical aggression <input type="checkbox"/> Verbal aggression <input type="checkbox"/> Family breakdown <input type="checkbox"/> Domestic abuse <input type="checkbox"/> Friendships <input type="checkbox"/> NEET <input type="checkbox"/> School (e.g. exclusion, poor attendance) <input type="checkbox"/> Gender transformation </td> </tr> </table>	<input type="checkbox"/> Care background <input type="checkbox"/> Young carer <input type="checkbox"/> Bullying <input type="checkbox"/> Blended family <input type="checkbox"/> Communication <input type="checkbox"/> Sexual Health <input type="checkbox"/> Alcohol / Drugs <input type="checkbox"/> Self-harm <input type="checkbox"/> Suicide <input type="checkbox"/> Mental health <input type="checkbox"/> ADHD <input type="checkbox"/> Homeless	<input type="checkbox"/> Rules, Boundaries, Behaviour <input type="checkbox"/> Learning difficulties <input type="checkbox"/> Neurodiversity <input type="checkbox"/> Physical aggression <input type="checkbox"/> Verbal aggression <input type="checkbox"/> Family breakdown <input type="checkbox"/> Domestic abuse <input type="checkbox"/> Friendships <input type="checkbox"/> NEET <input type="checkbox"/> School (e.g. exclusion, poor attendance) <input type="checkbox"/> Gender transformation
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Privacy Notice – Data Protection Act 1998
 Wyre Forest & South Worcestershire Nightstop & Mediation service collects and holds personal data about service users for whom they provide support. We use this data to:

- Make decisions about your support needs
- Help us to work with you and agree the support you need
- Work effectively with others who may also provide you with support
- Make sure we manage our services effectively

This includes personal characteristics and sensitive information relevant for the services we provide. The information we collect may be stored electronically, on paper or a mixture of both, and we use a combination of working practices and technology to ensure that your information is kept confidential and secure.

We will not disclose any information that you provide ‘in confidence’ to anyone else without your permission, except in the few situations where disclosure is required by law, or where we have good reason to believe that failing to share the information would put someone at risk.

On occasion, we will provide personal information to external organisations who are working with us on a specific project or delivery of specific services. This is done under strict agreements regarding the security and confidential use of all personal data.

Please email completed referral form to: info@wfnightstop.org

Office Use Only*

Date of Referral			
Referral Source (please x)	Self	Agency	Allocated mediator/s



EQUALITY INFORMATION SHEET

This information is to help us understand trends and demographics. It will only be shared with the Nightstop team and the organisations who fund us. It may be used for research, or to improve Nightstop, but it will always be anonymised. It will not affect your mediation case and it is **optional** for you to share this.

The information in this document is entirely confidential and will not be shared with anyone else.

Gender Male Female Other

MONITORING INFORMATION	
What is the applicant's sexuality?	Lesbian/Gay <input type="checkbox"/> Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Other <input type="checkbox"/> Don't wish to state <input type="checkbox"/>
What is their ethnicity?	White British <input type="checkbox"/> White Irish <input type="checkbox"/> White Gypsy or Irish Traveller <input type="checkbox"/> Any other white background <input type="checkbox"/> Multiple Ethnic Background White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other multiple background <input type="checkbox"/> Asian/Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <input type="checkbox"/> Black/Black British Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Any other Black background <input type="checkbox"/> Other ethnic background <input type="checkbox"/> Not specified/refused details <input type="checkbox"/>
What is their religion?	Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Jewish <input type="checkbox"/> Hindu <input type="checkbox"/> Atheist <input type="checkbox"/> Sikh <input type="checkbox"/> Buddhist <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Don't wish to state <input type="checkbox"/>

DISABILITY

The Equality Act 2010 defines a disabled person as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Do you consider yourself to be disabled as set out under the Equality Act 2012?

Yes No