**Call 01562 743111**

**Mediation Referral Form**

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| --- | --- |
| **Date referral received** |  |
| **Referral Source (please x)** | **Self** |  | **Agency** |  | **Allocated mediator/s** |  |  |

 **Referrers details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Referrer** |  | **Job role** |  |
| **Email** |  | **Contact no.** |  |
| **Organisation** |  | **Mobile no.** |  |
|  |  |  |  |
| **SECTION 1** | **Young Person Y/P details (PARTY 1)** |
| **Name** |  |
| **Date of birth** |  | **Age** |  | **Email** |  |
| **Gender** |  | **Ethnicity** |  |
| **Address** |  |
| **Postcode** |  | **Contact No.** |  |
| **School / College** |  |
| **Has Y/P agreed to mediation?** | **Yes** |  | **No** |  |  |
| **SECTION 2** | **PARTY 2 details (this can be parent/carer/young person)** |
| **Name** |  |
| **Relationship to y/p** |  | **Age** |  | **Email** |  |
| **Address (if different to y/p)** |  |
| **Postcode** |  | **Tel.** |  |
| **Has Party 2 agreed to mediation?** | **Yes** |  | **No** |  |

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

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| **SECTION 3**  | **Reason for Mediation referral** (brief description of the conflict according to young person and/or family members including issues within the home and/or school) |
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