**Call 01562 743111**

**Mediation Referral Form**

|  |  |
| --- | --- |
| **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**

|  |  |
| --- | --- |
| **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) |
|  | |

**A close up of a logo

Description automatically generated**