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| --- | --- |
| Version | 2024 |
| Date | 07/2024 |
| Person | FGC Manager |

**Referral For Family Conflict Resolution Mediation**

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| --- | --- |
| Version | 2018.B |
| Date | 11/2018 |
| Person | FGC Manager |

**Mediation facilitates disputes between individuals with an impartial mediator helping the individual parties find their own solutions and agreements. Before completing a referral, the social worker must speak to the FGC manager about the appropriateness of the referral, and suitability around mental health, domestic abuse, court disputes and Section 47 investigations if applicable. This will avoid unnecessary work and ensure the viability of the referral.**

**Consent must be gained between both parties before the referral is submitted.**

|  |  |  |
| --- | --- | --- |
| **Referrer details**  | **Date**  |  |
| **Name**  |  | **Direct contact number:** |  |
| **Job Role** |  | **Email Address** |  |
| **All the information in this form will be shared with everyone involved in the Mediation (GDPR compliance will be followed) . Please give consent for this to happen in order for this referral to progress** | **Yes No**  | ***If you have selected ‘No’ please contact the FGC Manager for a discussion before progressing the referral.*** |
| **Have the people requiring mediation given consent?** | **Yes No**  | ***Please gain consent before progressing*** |
| **Are you available to meet with the co-ordinator within 7 days of this referral? Please circle**  | **Yes** **No \*\*Please state why** |
| **Current status of children– Please Select**

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| --- | --- | --- | --- | --- |
| **CIN** | **CP** | **PLO** | **CLA (LA)** | **CLA (Family)** |

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**Details for individuals needing mediation**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of birth** |  |
| **Gender**  |  |
| **Current address** |  |
| **Contact Number** |  |
| **Any additional needs** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Date of birth** |  |
| **Gender**  |  |
| **Current address** |  |
| **Contact Number** |  |
| **Any additional needs** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Date of birth** |  |
| **Gender**  |  |
| **Current address** |  |
| **Contact Number** |  |
| **Any additional needs** |  |

**Children’s details**

|  |  |
| --- | --- |
| **Name** |  |
| **PID number** |  |
| **Date of birth** |  |
| **Gender**  |  |
| **Current address** |  |
| **Any additional needs** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **PID number** |  |
| **Date of birth** |  |
| **Gender**  |  |
| **Current address** |  |
| **Any additional needs** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **PID number** |  |
| **Date of birth** |  |
| **Gender**  |  |
| **Current address** |  |
| **Any additional needs** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **PID number** |  |
| **Date of birth** |  |
| **Gender**  |  |
| **Current address** |  |
| **Any additional needs** |  |

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| **What is the reason for the referral?** |
| **What outcomes do you want from the mediation?** |
| **What is working well?** |
| **What are you worried about?** |
| **What will happen if nothing changes?**  |
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| **Does anyone attending mediation have any specific needs? *If you choose yes for any of the questions below, please provide more details.***  |
| Is an interpreter/ signer required? | No/Yes  | Do any of the participants have a disability? | No/Yes |
| Are there any specific health/ medical needs? | No/Yes  | Are there any dietary needs, including allergies? | No/Yes |
| Are there any literacy needs? | No/Yes | Are there any religious or cultural needs? | No/Yes |
| Is a child/adult advocate needed? | No/Yes |  |  |

Referrer Signature: Email form to: **FGCReferrals@nelincs.gov.uk** |