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| **MEDIATION/CHILD- INCLUSIVE WORK REFERRAL FORM** |
| Name of referring service: Date Address: Telephone No.:  |
| What type of mediation is required? **Child Only / Finance and Property / Both/Child Inclusive Work/Parenting Assessment/ Co- Parenting Programme**Please give a brief description of issues for mediation.Is your client requiring assessment for Legal Aid?  |
| **Client 1 details:**Name: Date of Birth: Occupation: Address: Ethnicity: Home telephone no.: Mobile telephone no.:Work telephone no.: E-mail.:  |
| **Client 2 details:**Name: Date of Birth: Occupation: Address: Ethnicity: Home telephone no.: Mobile telephone no.: Work telephone no.: E-Mail.: |
| **Children’s Details:** |
| Name | Age / D.O.B. | M / F | Living with |
|  |  |  |   |
| **Key dates:**Date of marriage / start of relationship: Date of separation: Are there any current court proceedings? No Dates of future hearings: n/aAre there any relevant court orders: no Are there any Domestic Violence issues / Restraining Orders? Are there any current Child Protection concerns? No Is a court welfare report currently being prepared? YES / NOAre you requiring a court report?  YES / NO |
| **Current Issues/Work required** |
| **Other relevant information:**Special needs:Interpreter / Disabled access / Other please specify |
| **Date Received:**  **Mediator?** |

PLEASE email COMPLETED FORM TO info@mediationmk.org: Mob: Tel 07702 680211