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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/a  Are 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 / NO  Are 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