 **Roundabout Mediation**

**Date of referral**

**Referral Form for Professionals**

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| ***Details of Professional making referral:***  **Name**  **Role**  **Agency** | **Address**  **E-Mail**  **Phone No** |
| ***Details of Young Person:***  **Name**  **Date of Birth Age**  **Education Provider** | **Address**  **Phone**  **E-mail** |
| ***Family:***  **Name/s**  **Relationship/s to young person**  **Address**  **Phone / email** | |
| **Please tell us what times are convenient to contact the family**  **How many family members require mediation?** | |
| ***Housing Need:***  **Where does the young person currently live?**  **Is the young person at risk of becoming homeless?**  **If yes, please provide more information below:** | |
| **Provide information about risks that Roundabout will need to be aware of and highlight any areas of concern for lone working**: | |
| **Provide any information about special requirements and any adjustments that may be needed**: | |
| **Please provide information on the difficulties that the family face and how mediation could help them in your opinion**: | |
| **Are there any safeguarding concerns involved with this family?**  **Provide information** : | |
| **Tell us about other professionals that are working with this family** | |
| **Provide information on how you can support the family to participate in the mediation process – e.g. introductions, supporting them to travel to appointments etc**. | |
| **Please return completed referrals to:**  [mediation@roundaboutltd.org](mailto:mediation@roundaboutltd.org) Roundabout Ltd, 22 Union Street, Sheffield, S1 2JP  For telephone enquiries please call 0114 2728424 | |