 **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 Roundabout Ltd, 22 Union Street, Sheffield, S1 2JP For telephone enquiries please call 0114 2728424 |