 **Roundabout Mediation**

**Date of referral..…………………**

**Self Referral Form**

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| **About You:**  Name ……………………………………………… Age & date of birth………….……………………….  School / College ……………………….…….…... Phone number ………………………………………  Your current address ……………………...………………………………………………………………………  Please tell us what times are convenient to contact you…………………………………………….………… |

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| **About your family:**  Name/s ………………………………………………………………………………………………….………….  Relationship/s to you ………………………………………………………………………………………………  Address …………………………………………………………… Contact Details ……………………………  Please tell us what times are convenient to contact the above …………………………………………..… |

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| **Is there a risk that you may be asked to leave home?** ….................................................... |

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| **Are there any areas of need or adjustments that we might need to make** (eg for learning disability, interpreter etc)? |

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| **Please tell us about the difficulties that your family have been having:** |

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| **How many family members require mediation?** …………………………………………….. |

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| **Please return completed referrals to:**  Roundabout, 22 Union Street, Sheffield, S1 2JP  For telephone enquiries please call 0114 2728424 [mediation@roundaboutltd.org](mailto:mediation@roundaboutltd.org) |