 **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 |