**Please email your completed form to:** [**admin@yourmediator.co.uk**](mailto:admin@yourmediator.co.uk)

**Or post to:**

Jen Rumble Family Mediation

Brookfield House

193-195 Wellington Road South

Stockport SK2 6NG

**Assistance: 07787 424 832**



**MEDIATION REFERRAL FORM**

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| 1. **Confidentiality** |
| Please do not provide information or send copies of correspondence that cannot be mentioned in joint discussions with you and your partner/former partner. Mediators cannot receive information that is confidential to one of you (except a private address or telephone number).  Please tick this box if you would like us to keep your private address  or telephone number confidential from your partner/former partner  Please tick this box if you would like us not to share contents of this  form with your partner/former partner for safety reasons |

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| 1. **About You** |
| Full name:  Family name at birth (if different):  Date of Birth: Occupation:  Home address:  Post code: Tel./Mobile:  E-mail address:  When is it most appropriate to contact you? |

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| 1. **Your Partner/Former Partner**   *(This is the person with whom you may be involved in bringing family proceedings.)* |
| Full name:  Family name at birth (if different):  Date of Birth: Occupation:  Home address:  Post code: Tel./Mobile:  E-mail address:  When is it most appropriate to contact him or her?  Have you discussed family mediation with your partner/former partner?  YES  NO  Is your partner/former partner willing to attempt mediation?  YES  NO |
| 1. **Relationships** |
| If married, date of marriage:  Date when you started living together:  If separated, date of separation:  If divorced, date of Decree Nisi:  Decree Absolute:  Have you re-married or do you intend to do so?  YES  NO  Are you cohabiting or do you intend to do so?  YES  NO  If you answered YES to any of the above two questions,  is this an issue between you and your former partner?  YES  NO  Do you have any concerns about safety, violence or abuse?  YES  NO  Would you like more information about this?  YES  NO |

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| 1. **Children/Other Dependants** | | | |
| Name | D.O.B. | Gender | Place of education |
|  |  | BOY  GIRL |  |
|  |  | BOY  GIRL |  |
|  |  | BOY  GIRL |  |
|  |  | BOY  GIRL |  |
| What are the current arrangements for your children?    Please outline the arrangements for financial support in relation to the children:      Do you have Parental Responsibility for the children? YES NO UNSURE  Do you have any safety concerns for your children? YES NO UNSURE | | | |

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| 1. **Proceedings** |
| Are you consulting a solicitor? YES NO  If so, please provide his/her name, address and telephone number:    Is your partner/former partner consulting a solicitor? YES NO UNSURE  If you are currently involved in divorce/other family or children proceedings,  what stage have they reached?    If any other professionals are currently working with your family, you or your partner/former partner, please specify (Children’s Services, Relate, Woman’s Aid etc.): |

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| 1. **Financial circumstances**   *(If financial matters are to be considered, a more detailed questionnaire will be provided. Please only complete this section if you wish us to assess your eligibility for Legal Aid.)* |
| Your employment status:  Current Total Salary or Earnings from Work (gross):  Other sources of Income (amount):  Do you receive any state benefits? Please specify:    Do you have a partner living with you?  YES  NO  Do you have any children aged 15 or under living with you? NO  Do you have any dependants aged 16 or over living with you? NO  Are you or your partner aged 60 or over?  YES  NO  Do you own any property?  YES  NO  Is it owned  Jointly  Solely If Solely, by whom:  Estimated property value: Do you have any other significant assets or capital?  YES  NO  UNSURE *We will write to you and ask to bring documentary confirmation with you to your first appointment with a mediator.* |

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| 1. **Your Reasons for coming to mediation** |
| Arrangements for Children  YES  NO  UNSUREProperty and Finance  YES  NO  UNSUREDivorce and/or Separation  YES  NO  UNSURECommunication/Emotional Issues  YES  NO  UNSURE Other (please write in): |
| Please use this space if you wish to provide more information about the issues you aim to address in mediation. |

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| 1. **Declaration and Signature** |
| I confirm that I have personally completed this form, OR  My form was filled in for me by *(please provide the name of the person and their relationship to you)*:  Signed: Date: |

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**Dear Client**

The changes to GDPR (General Data Protection Regulation) now require us to receive your consent to communicate with you using your personal contact details.

Previously, we may have sent you some information from admin@yourmediator.co.uk, whether responding to a query from you or confirming an appointment.

We would like to continue communicating with you using our secure and efficient automated case management system WriteUpp.

For example, we may write to you with the details of an appointment, forward an invoice or a document to you, or remind you of any upcoming meetings or changes.

Your consent is to receive both email and text messages from us, as appropriate. If you would prefer to receive email OR text messages and not both, please let us know and we will forward a different consent form to you.

We will never sell your data and we will always keep your information safe and secure.

You may withdraw your consent at any time. We may ask you to do so in writing, you can email us to admin@yourmediator.co.uk.

For further information please contact our practice on 07787 424 832.

***Without your consent we are unable to send you appointment information and reminders or any documentation via email.***

***To give us your consent to communicate with you via email and text using your personal contact details, please fill in the information and sign below.***

**Name:**

**Preferred email address:**

**Preferred mobile phone number:**

**Signature:**

**Date:**

# Dear Client

We are committed to being an Equal Opportunities service provider. We wish to ensure that all our clients are treated fairly irrespective of race, gender, age, disability, caring responsibilities, sexual orientation, marital / civil partnership status, religion / belief or nationality.

To help us measure how effective we have been in communicating with and attracting a diverse range of people to use our mediation services, we would like to ask you to complete this part of the form. Copies of our diversity policy are available upon request.

We can assure you that the information being given is strictly confidential, purely for statistical purposes and to ensure that policies are being applied fairly; it will only be shared with a restricted number of authorised personnel.

We will not discriminate against individuals who decide not to complete the form. However, we ask that as many people as possible agree to help us measure diversity – because it matters to us.

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**Name / Reference Number:**

*Please tick the boxes that apply to you:*

**Sex** Male  Female  Prefer not to say

**Disability Status** Do you consider yourself to have a disability?

Yes  No  Prefer not to say

What do we mean by a “disability”? The Equality Act of 2010 defines disability as: “a physical or mental impairment with long term, substantial adverse effects on ability to perform day to day activities.”

Examples of disabilities:

* Hearing, speech or visual impairments
* Co-ordination, dexterity, or mobility (Examples: polio, spinal cord injury, back problems, repetitive strain injury)
* Mental health (Examples: schizophrenia, depression, severe phobias)
* Speech impairment (Example: stammering)
* Learning disabilities (Examples: Down’s syndrome)
* Other physical or medical conditions

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| **Ethnic Category**  *Please tick the box that best describes your ethnic origin – UK citizens can belong to any of these categories – this question does not relate to nationality.*  *These are the categories that will be used in the official UK Census of*  *2011)* | **White**  English / Welsh / Scottish / Northern Irish / British Irish  Gypsy or Irish Traveller  Any other white background  *Please write in* |  |

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| --- | --- |
| **Mixed / multiple ethnic groups**  White and Black Caribbean  White and Black African  White and Asian  Any other mixed/ multiple ethnic background  *Please write in* |  |
| **Asian / Asian British**  Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background  *Please write in* |  |
| **African / Caribbean / Black / Black British**  Caribbean  African  Any other African / Caribbean / Black background  *Please write in* |  |
| **Other ethnic group**  Arab  Other  *Please specify*  Prefer not to say  **Thank you for taking the time to complete this form.** |  |
|  |  |