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**DIGARTREF**

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| **Mediation Referral Form***[Welsh version of referral form also available]* |

***We reserve the right to decline any referral that does not meet our criteria, and every referral will be assessed on an individual basis. If your referral is not successful in meeting our criteria, we will inform you via email or letter.***

***Please ensure that all sections are filled out to the best of your knowledge, in particular the section regarding risk and safety plan, as this could impact on whether we can work with the family.***

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| **REFERRING AGENCY DETAILS** |
| **Name of Referrer** |  |
| **Name of Agency** |  |
| **Address of Agency** |  |
| **Landline Number** |  | **Mobile Number** |  |
| **Email Address** |  |
| **Date of Referral** |  |

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| **MEDIATION** |
| **Please select which type of Mediation you are referring for:-** |
| [ ]  Family/Relationship Breakdown[ ]  Neighbourhood Disputes[ ]  Landlord and Tenant Dispute | [ ]  Disuputes within Supported Accomodation[ ]  Homeless or at Risk of being Homeless |

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| **LEAD CLIENT DETAILS** |
| **Title** | [ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other: \_\_\_\_\_\_\_\_ |
| **Full Name** |  | **Preferred Name** |  |
| **Date of Birth** |  |
| **Address** |  | **Postcode** |  |
| **Mobile Number** |  | **Landline** **Number** |  |
| **Email Address** |  |
| **Preferred Method of Contact**  | [ ]  Call [ ]  Text [ ]  Letter [ ]  Email  | **Preferred Language** | [ ]  Welsh [ ]  English [ ]  Other \_\_\_\_\_\_\_\_\_\_ |
| **Form of Transport** | [ ]  Car [ ]  Bus [ ]  Train [ ]  Transport provided by a relative/friend |

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| **OTHER CLIENT PERSONAL DETAILS***(please include the details of any other relevant individuals you are referring)* |
| **Contact Details** |
| **Title** | [ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other: \_\_\_\_\_\_\_\_ |
| **Full Name** |  |
| **Date of Birth** |  | **Relation to Lead Client** |  |
| **Address** |  | **Postcode** |  |
| **Telephone Number** |  | **Email Address** |  |
| **Preferred Method of Contact**  | [ ]  Call [ ]  Text[ ]  Letter [ ]  Email  | **Preferred Language** | [ ]  Welsh [ ]  English [ ]  Other: \_\_\_\_\_\_\_\_\_ |

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| **Contact Details** |
| **Title** | [ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other: \_\_\_\_\_\_\_\_ |
| **Full Name** |  |
| **Date of Birth** |  | **Relation to Lead Client** |  |
| **Address** |  | **Postcode** |  |
| **Telephone Number** |  | **Email Address** |  |
| **Preferred Method of Contact**  | [ ]  Call [ ]  Text[ ]  Letter [ ]  Email  | **Preferred Language** | [ ]  Welsh [ ]  English [ ]  Other: \_\_\_\_\_\_\_\_\_ |
| **Contact Details** |
| **Title** | [ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other: \_\_\_\_\_\_\_\_ |
| **Full Name** |  |
| **Date of Birth** |  | **Relation to Lead Client** |  |
| **Address** |  | **Postcode** |  |
| **Telephone Number** |  | **Email Address** |  |
| **Preferred Method of Contact**  | [ ]  Call [ ]  Text[ ]  Letter [ ]  Email  | **Preferred Language** | [ ]  Welsh [ ]  English [ ]  Other: \_\_\_\_\_\_\_\_\_ |

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| **Other Family Members***(within household, and/or who are significant to the family)* |
| **Name** | **D.O.B** | **Relationship** | **Telephone No.** | **Address** |
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| **OFFENDING BEHAVIOUR** |
| **Has any named person on this referral ever had any convictions, cautions or warnings?**[ ]  Yes *(if yes, please specify below)* [ ]  No [ ]  Unknown Name of Client:Offending Behaviour: Date/Year Occurred: Triggers: Outcome:  |

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| **REASON FOR REFERRAL** |
| **Brief outline/background of the support the referred family have previously received or currently receiving:** *(Examples: Agencies such as Local Authorities, TAF, YJS, CAHMS, Housing etc.)***What are the outcomes you/the family would like to achieve through attending Mediation?** *(Examples: Relationship, Understanding, Behaviour, Communication)* |
| **RISK** |
| **Please explain any risks involved in supporting the family, and recommended measures to reduce risk:** (*Example: Lone Working (2:1), Housing Conditions, Animals)* |

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| **RISK ASSESSMENT***(please tick the risks related to any named person on this referral)* |
| **Risk** | **Level of Risk***(if there are no risks, please tick “none”)* | **Type** | **Details***(client name, triggers, dates, support)* |
| [ ]  Abuse | [ ]  None[ ]  Historical[ ]  Current Risk[ ]  Safety Plan | [ ]  Physical[ ]  Sexual[ ]  Verbal[ ]  Other: \_\_\_\_\_\_\_\_ |  |
| [ ]  Substance Misuse | [ ]  None[ ]  Historical[ ]  Current Risk[ ]  Safety Plan | [ ]  Drugs[ ]  Alcohol[ ]  Other: \_\_\_\_\_\_\_\_ |  |
| [ ]  Self-Harm / Suicidal Thoughts | [ ]  None[ ]  Historical[ ]  Current Risk[ ]  Safety Plan | [ ]  Overdose[ ]  Cutting[ ]  Thoughts Only[ ] Other: \_\_\_\_\_\_\_\_\_ |  |
| **Risk** | **Level of Risk** | **Diagnosis** | **Prescribed Medication** |
| [ ]  Mental Health*(Examples: Depression, Anxiety, Personality Disorder, PTSD)* | [ ]  Low[ ]  Stable[ ]  High[ ]  Safety Plan |  | [ ]  Yes [ ]  No[ ]  Not Known |
| [ ]  Medical Condition*(Examples: Diabetes, Asthma, Pregnant, ADHD)* | [ ]  Low[ ]  Stable[ ]  High[ ]  Safety Plan |  | [ ] Yes [ ]  No[ ]  Not Known |
| **Risk** | **Level of Risk** | **Details of Risk***(please note client name and* *give details of the risk)* |
| [ ]  Isolation | [ ]  None[ ]  Historical[ ]  Current Risk[ ]  Safety Plan |  |
| [ ]  Sexual Exploitation | [ ]  None[ ]  Historical[ ]  Current Risk[ ]  Safety Plan |  |
| [ ]  Financial Exploitation | [ ]  None[ ]  Historical[ ]  Current Risk[ ]  Safety Plan |  |
| [ ]  Arson | [ ]  None[ ]  Historical[ ]  Current Risk[ ]  Safety Plan |  |

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| **RISK TO STAFF / OTHERS***(please tick the risks related to any named person on this referral)* |
| **Risk** | **Level of Risk** | **Type** | **Details***(please note client name, triggers and safety plan)* |
| [ ]  Abuse | [ ]  None[ ]  Needs Awareness[ ]  Risk Plan[ ]  Very Serious | [ ]  Physical[ ]  Sexual[ ]  Verbal[ ]  Other:\_\_\_\_\_\_\_\_\_\_ |  |
| [ ]  Assault | [ ]  None[ ]  Needs Awareness[ ]  Risk Plan[ ]  Very Serious | [ ]  Physical[ ]  Sexual[ ]  Other:\_\_\_\_\_\_\_\_\_\_ |  |
| **Risk** | **Level of Risk** | **Details of Risk***(please note client name and* *give details of the risk)* |
| [ ]  Mood Swings | [ ]  None[ ]  Needs Awareness[ ]  Risk Plan[ ]  Very Serious |  |
| [ ]  Infectious Disease | [ ]  None[ ]  Needs Awareness[ ]  Risk Plan[ ]  Very Serious |  |
| [ ]  Working in Groups | [ ]  None[ ]  Needs Awareness[ ]  Risk Plan[ ]  Very Serious |  |
| [ ]  Risk to Children | [ ]  None[ ]  Needs Awareness[ ]  Risk Plan[ ]  Very Serious |  |
| [ ]  Risk to Sharps | [ ]  None[ ]  Needs Awareness[ ]  Risk Plan[ ]  Very Serious |  |
| [ ]  Risk of Arson | [ ]  None[ ]  Needs Awareness[ ]  Risk Plan[ ]  Very Serious |  |

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| **SAFETY PLAN***(a copy of this can also be sent to us separately, please ensure you have the family’s consent to share this information with us)* |
| **Please note the details of any safety plans in place that may impact on the mediation process, or influence session outcomes:** *(please keep us informed of any changes to safety plan while we are working with the family)* |
| **DETAILS OF OTHER AGENCIES INVOLVED** |

**Please give the full details of all agencies currently involved with the client/family:**

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| **Name** | **Agency** | **Address** | **Contact Number** | **Email** | **Date Started** |
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**Digartref accepts referrals to our services, and ensures no person receives less favourable treatment on the grounds of gender, sexual orientation, disability, race, religious belief, age or any other grounds.**

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| **Signed by Referral Agency:** |  |
| **Print Name:**  |  |
| **Date:** |  |

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| **Client Signature** *(if possible)***:** |  |
| **Print Name:**  |  |
| **Date:** |  |

**Please e-mail this referral to:** mediation@digartref.co.uk

**Or post to:** Digartref, Unit 3, Enterprise Centre, Holyhead, Anglesey LL65 2HY

If you have any enquiries, please call us on: 01407 761653