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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