**Mediation Referral Form**

Workplace Mediation is an informal, confidential and voluntary process, with each session facilitated by either one or two of our impartial Internal Mediators. The goal of Mediation is to reach a resolution that is acceptable to all parties in dispute in a safe and constructive environment.

Before submitting this form, please ensure that all parties are aware and have agreed to participate in mediation, the mediation will take place over a full day with single sessions in the morning and the joint session in the afternoon.

It is expected that the parties will be released from normal duties to allow the mediation to take place on the date arranged.

Please outline your expectations of the outcome from mediation to both parties, would you also include any leave dates or dates that parties are not available in the Additional Information.

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| --- | --- | --- | --- | --- | --- | --- |
| Name of Requestor | |  | | | Date: | |
| Contact telephone number | | Work: | | | Mobile: | |
| Department | |  | | | | |
| Division | |  | | | | |
| **Employees Requiring Mediation** | | | | | | |
| Employee One Long Term Sick Leave **Yes/No** | | | | | | |
| * Name |  | | | | | |
| * Job Role/Division |  | | | | | |
| * Contact Details | Work: | | | Mobile: | | Home: |
| * Line Manager |  | | | | | |
| Employee Two Long Term Sick Leave **Yes/No** | | | | | | |
| * Name |  | | | | | |
| * Job Role/Division |  | | | | | |
| * Contact Details | Work: | | | Mobile: | | Home: |
| * Line Manager |  | | | | | |
| **Additional Information** | | | | | | |
| When did this issue first arise/length of dispute? | | |  | | | |
| Have any attempts been made to resolve this issue via other processes/procedures (informally or formally)? | | |  | | | |
| Please detail any special requirements | | |  | | | |
| Travel difficulties (if applicable) | | |  | | | |

Please submit the completed Mediation Service Request form to: [**bfwh.mediation.service@nhs.net**](mailto:bfwh.mediation.service@nhs.net)

|  |  |
| --- | --- |
| Please outline any further details that you feel may be relevant below. Include any leave dates that begin within two weeks of the submission of this referral please: | |
| **Mediation Service use only below this line** | |
| Date in from Referrer |  |
| Date out to Mediators |  |
| Date of Mediation |  |

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# Upcoming Events

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Event 2 3 June – 31July 2012

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Event 3 27 August 2012

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