**Solicitor or Third Party**

**REFERRAL FORM**

Please complete all sections of the referral form and send electronically to info@wrightmediation.co.uk or [Admin@wrightmediation.co.uk](mailto:Admin@wrightmediation.co.uk)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Client Name** | **Date of Birth** | | **Email** | **Date of referral** |
| **Client details** | | | **Referrer Name and Address Details :-** | |
| **Clients telephone number** | | | **Referrer Telephone number** | |
| **Is an interpreter required?** | | |  | |
| Is the issue relating to: | **Family /Children** | **Family/ Finances** | **Commercial** | **Civil** |
| **Family Only -** Are you aware of any allegations of domestic abuse? | | | | |
| **Brief details of issues** | | | | |
| **To be completed by Wright Mediation Professional** | | | | |
| Date referral received | Date referral reviewed | | Referral accepted/declined – reason for decline | |
| Priority - | | | Date Scheduled | |
| Mediators name and designation that the referral was reviewed by | | | | |