**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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |