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Description automatically generated

**COUNSELLING & MEDIATION REFERRAL FORM**

|  |
| --- |
| **Date of referral:** |
| **Case reference:** |

**Client 1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | | **Date of birth:** | |
| **Home address inc. postcode:** |  | | |
| **Email:** | | | **Mobile:**  **Text reminders?:** |

**Client 2 (if appropriate)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | | **Date of birth:** | |
| **Home address inc. postcode:** |  | | |
| **Email:** | | | **Mobile:** |

|  |
| --- |
| **Age of children (including if adults):** |
| **Appointment for self or self/partner:** |
| **Are you a carer for another person:** |
| **Involved with another agency (name if yes):** |
| **Preferred method of counselling (face to face/online/phone:)** |

**Our fees are:**

**£25 non-refundable registration fee**

**£35 per session**

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| --- |
| Are the fees affordable?: |

**Note that we cannot work with individuals/couples where there are outstanding court proceedings for domestic abuse or violence.**

**We can reassess once proceedings are complete:**

|  |
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| Are there any past or outstanding legal / court or police proceedings? If yes, give details: |

**Reason for Referral:**

|  |
| --- |
|  |

**Mediation referrals only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Children(s) details:** | | | | |
| **Full Name** | **Age** | **Date of**  **Birth** | **Lives with**  **Dad** | **Lives with**  **Mum** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Required information if mediation clients have one:**

|  |  |  |
| --- | --- | --- |
|  | **Client 1** | **Client 2** |
| **Solicitor** |  |  |
| **Practice** |  |  |
| **Address** |  |  |
| **Tel:** |  |  |

**Referrer’s details:**

|  |  |
| --- | --- |
| **Name** |  |
| **Service / Organisation** |  |
| **Contact No.** |  |
| **Email** |  |

**Office use only:**

|  |
| --- |
| **Referred by:** |
| **Pay fees:** |