

**COUNSELLING & MEDIATION REFERRAL FORM**

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

**Client 1**

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

**Client 2 (if appropriate)**

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

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| **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:**

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**Mediation referrals only**

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| **Children(s) details:** |
| **Full Name** | **Age** | **Date of****Birth** | **Lives with****Dad**  | **Lives with****Mum**  |
|  |  |  |  |  |
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**Required information if mediation clients have one:**

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

**Referrer’s details:**

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

**Office use only:**

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