



BRIGHTON & HOVE

Independent Mediation Service

COMMUNITY MEDIATION: AGENCY REFERRAL FORM FOR PREVENTING HOMELESSNESS

Thank you for referring this case for mediation to Brighton & Hove Independent Mediation Service (BHIMS)

In order for us to properly understand the case, please complete the relevant sections of the form below. On completion, please email it to: casework@bhims.org.uk

If you have any queries regarding this form, please call us on 01273 700812 between 10 am and 3 pm Monday to Thursday.

REFERERS DETAILS	Name:		
	Referring Agency:		
	Position:		
	Contact address:		
	Contact details:		Landline:
			Mobile:
			Email:
	Please list any other Agencies involved	Agency:	Agency:
		Name:	Name:
		Position:	Position:
Contact:		Contact:	

CASE DETAILS

<p>Principle reason for referral</p>	<p>Conflict between family members <input type="checkbox"/></p> <p>Conflict between housemates <input type="checkbox"/></p> <p>Conflict with <input type="checkbox"/></p> <p>Conflict about:</p> <p>Noise <input type="checkbox"/> Lifestyle <input type="checkbox"/> Children <input type="checkbox"/> Communication <input type="checkbox"/></p> <p>Other <input type="checkbox"/> (please give details)</p>
<p>Brief description of dispute including any background information, length of dispute etc.</p>	
<p>What actions (if any) have been taken to date to address the issues?</p>	
<p>Visits/actions taken by other agencies so far.</p>	
<p>Are there any legal proceedings pending?</p>	
<p>Other information that might be relevant i.e. access issues etc.</p>	

CLIENT DETAILS

Client Details	Party 1	Party 2
Name:		
Address:		
Mobile (pref):		
Landline		
Preferred way to contact		
Housing:	<input type="checkbox"/> Council tenant <input type="checkbox"/> Housing association <input type="checkbox"/> Private rented <input type="checkbox"/> Owner Occupier <input type="checkbox"/> Lodger / houseshare	<input type="checkbox"/> Council tenant <input type="checkbox"/> Housing association <input type="checkbox"/> Private rented <input type="checkbox"/> Owner Occupier <input type="checkbox"/> Lodger / houseshare
Date of birth	DD/MM/YYYY	DD/MM/YYYY
Any disability or health issues which may require extra support to make our service accessible		
Do you know of any issues in the home that may impact mediators? Eg. Pets or smoking.		

	Have parties agreed to mediation?	Yes / No / May need encouragement	Yes / No / May need encouragement
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RISK ASSESSMENT	Are you aware that anyone in this case could be at risk?		
	Name: <input type="checkbox"/> Risk to themselves <input type="checkbox"/> To others <input type="checkbox"/> From others	Name: <input type="checkbox"/> Risk to themselves <input type="checkbox"/> To others <input type="checkbox"/> From others	Name: <input type="checkbox"/> Risk to themselves <input type="checkbox"/> To others <input type="checkbox"/> From others
	Please give details:	Please give details:	Please give details:

May 2018

Data Protection & Privacy Declaration: In accordance with the provision of the Data Protection Act 1998, EU Data Protection Directive 1995 , and the General Data Protection Regulations 2018 any personal data which is supplied to Brighton & Hove Independent Mediation Service is stored in locked cabinets in an office that is locked at night; electronic data is stored on databases on password-protected computers and used solely for the purpose of delivering and monitoring our service. We will not sell or swap your information with any third party.

For further information regarding data protection and privacy please contact us on 01273 700812 or email mediation@bhims.org.uk a full privacy statement can be found at <http://www.bhims.org.uk/download-and-leaflets/>