



# Homes First, Lewes District Council and Eastbourne Borough Council

# **REFERRAL FORM**

Thank you for referring this case for community mediation to the joint services of Brighton & Hove Independent Mediation Service (BHIMS) and Mediation Plus. In order for us to properly understand the case, please complete the relevant sections of the form below.

Please return completed referral forms or direct any questions to the appropriate service below;

**Lewes Area:** Brighton and Hove Independent Mediation Service E: casework@bhims.org.uk T: 01273 700812

Monday – Thursday 10.00 – 15.00

**Eastbourne Area**: Mediation Plus. E: neighbourhood@mediation-plus.org.uk T: 01323 442781. Monday, Tuesday, Thursday and Friday 10.00 – 3.00pm

|  |  |  |
| --- | --- | --- |
| **REFERERS DETAILS** | ***Name:*** |   |
| ***Referring Agency:*** |  |
| ***Position:*** |  |
| ***Contact address:*** |  |
| ***Contact details:*** | ***Landline:*** | ***Mobile:*** | ***Email:*** |
| ***Please list any other Agencies involved e.g. Police, Social Services etc.***  | **Name** | **Position** | **Contact** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PARTY DETAILS** | ***Client Details*** | **Party 1** | **Party 2** |
| ***Name:*** |  |  |
| ***Address:*** |  |  |
| ***Contact Details:******Mobile (pref):*** | **Party 1** | **Party 2**  |
|  |  |
| ***Landline:*** |  |  |
| ***Email*** |  |  |
| ***Preferred times/method of contact:*** |  |  |
| ***Housing status:*** | ***Council Tenant* *****Housing Association* *****Private Rented* *****Owner Occupier* *****No fixed abode* ** | ***Council Tenant* *****Housing Association* *****Private Rented* *****Owner Occupier* *****No fixed abode* ** |
| ***Age:*** | **Under 18 ****18 – 25 ****26 + ** | **Under 18 ****18 – 25 ****26 + ** |
| ***Any disability or health issues which may require extra support to make our service accessible*** |  |  |
| ***Issues which may impact anyone visiting the home. E.g. pets or smoking*** |  |  |
| **CASE DETAILS** | ***Principal reason for referral:*** | Noise ****Pets ****ASB ****Boundary Dispute ****Communication ****Children ****Lifestyle Clash **** |
| ***Have both parties consented to the referral? How do they feel about mediation? Confident, uncertain, may need support / encouragement*** |  |  |
|  |  |
| ***Brief description of dispute including any background information, length of dispute etc.*** |  |
| ***What actions (if any) have been taken to date to address the issues?*** |  |
| ***Visits/actions taken by other agencies so far.*** |  |
| ***Risk assessment:Do you know of any factors that may mean either party are vulnerable or likely to put themselves or others at risk?*** |  |
| **Are there any legal proceedings pending? Is the client at risk of losing home?** |  |
| **Other information that might be relevant i.e. access issues etc.**  |  |

**May 2021**

**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 or Mediation Plus 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 exchange your information with any third party.

For further information regarding data protection and privacy, please contact our services or view our websites for a full privacy statement.