# Lewes District Council and Eastbourne Borough Council

*Please complete all fields to enable us to process the referral.*

***Where you are asked to ‘Choose an item’, please select and choose a drop-down option.***

*If you need assistance completing the form or have any questions about the information required, please feel free to contact us. Details below.*

**Lewes Area:** Brighton and Hove Independent Mediation Service E: casework@bhims.org.uk T: 01273700812

**Eastbourne Area**: Mediation Plus. E: neighbourhood@mediation-plus.org.uk T: 01323 442781

|  |  |
| --- | --- |
| Case Reference (office use only) |  |

|  |  |
| --- | --- |
| **Date of Referral:** |  |
| **Name of Referrer:** |  |
| **Position and Team:** |  |
| **Mobile:** |  |
| **Email:** |  |
| **Your reference number:** |  |
| **Any other agency involvement?**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **First Party Name** |  | **Second Party Name** |  |
| **Address & Postcode** |  | **Address & Postcode** |  |
| **Landline (preferred y/n)** |  | **Landline (preferred y/n)** |  |
| **Mobile (preferred y/n)** |  | **Mobile (preferred y/n)** |  |
| **Email (preferred y/n)** |  | **Email (preferred y/n)** |  |
| **Date of Birth (if known)** |  |  |  |
| **Risks/Hazards** *Please indicate anything that we should be aware of* |  | **Risks/Hazards:** *Please indicate anything that we should be aware of* |  |
| **Housing Type** | Choose an item. | **Housing Type** | Choose an item. |
| **Age** | Choose an item. | **Age** | Choose an item. |
| **Needs assessment.**Please include information about Health/language issues |  |  |  |
| **Any issues which may impact a home visit?** | Choose an item. | **Any issues which may impact a home visit?** | Choose an item. |
| **Is the party aware of the referral?** | Choose an item. | **Is the party aware of the referral?** | Choose an item. |
| **Has the party agreed to mediation?** | Choose an item. | **Has the party agreed to mediation?** | Choose an item. |
| **Desired outcome from mediation** |  | **Desired outcome from mediation** |  |
| **Any disability or health issues which may require extra support to make our service accessible?** |  | **Any disability or health issues which may require extra support to make our service accessible?** |  |

|  |  |
| --- | --- |
| **Conflict between who?** | Choose an item. |
| **Outline of Dispute – main issues** |   |
| **Please indicate length of dispute** | Choose an item. |
| **Actions taken to date.** |  |
| **Any legal proceedings pending** | Choose an item. |
| **Risk Assessment** | Choose an item. |
| **Is the tenant at risk of losing their home?** | Choose an item. |
| **Any other relevant information** |  |

**Thank you for your referral!**

**GDPR compliance:** In accordance with the provision of GDPR, any personal data provided in this referral form will be recorded and used to enable us to provide our services. This includes making appointments with you and keeping you informed throughout the case. We may also let the referrer know what stage of mediation was reached but will not share any confidential information.

All data is stored securely. We will not share your personal information with anyone outside our service without your permission unless we hear of a risk of serious harm.  We retain case files for up to 3 years, after which time both paper and electronic records are securely destroyed. This does not impact your rights under data protection law. A copy of our full privacy statement can be found on our website.