



Referral to Camden Mediation

Please complete both sides of this form as fully as possible

Referring Agency:		Date:
Address:		
		Full Post Code:
Person making referral:		
Position:	Email:	
Tel:	Extn:	Fax:

Party 1	Has s/he been consulted about mediation? YES NO
	Can s/he be contacted by us at this stage? YES NO
Title: Name:	
Address:	
Full Post Code:	
Home phone:	Other phone:
Number in household - Adults:	Children:
Household tenure*:	Employment status:
Ethnic origin:	Age:
Specials needs: (Language, Disability etc)	
Are there vulnerability issues: (e.g. Mental health)	

Party 2	Has s/he been consulted about mediation? YES NO
	Can s/he be contacted by us at this stage? YES NO
Title: Name:	
Address:	
Full Post Code:	
Home phone:	Other phone:
Number in household - Adults:	Children:
Household tenure:	Employment status:
Ethnic origin:	Age:
Specials needs: (Language, Disability etc)	
Are there vulnerability issues: (e.g. Mental Health)	

* Council Tenant/Council Leaseholder/Private Tenant/Private Leaseholder/Owner/HA Tenant/Other.

Case Summary:

Please give a BRIEF outline of the dispute

Please detail any health and safety issues related to this case we need to be aware of:

Please return to Camden Mediation, 11-17 The Marr, Camden Street, London NW1 0HE

Email: referrals@camdenmediation.org.uk

Fax: 020 7383 7110