

Referrer details	
Name	Position
Organisation	Address
Phone	Email
Is there any current legal action? <input type="checkbox"/> Yes (provide details) <input type="checkbox"/> No <input type="checkbox"/> Unsure	
This referral complies with our policy and procedures <input type="checkbox"/> Yes (provide details)	

### Consent to mediation

When you sign this form, you are stating that you are willing to attend mediation and will try to resolve the dispute.

Party A details	
Name	
Address	
Phone/mobile	Email
Availability (please include time and dates)	
Brief description of the dispute:	
Choose what Uniting Communities Mediation Service can tell your referrer <input type="checkbox"/> That you have attended mediation <input type="checkbox"/> The outcome or progress made at mediation	
Signature	Date

### Consent to mediation

When you sign this form, you are stating that you are willing to attend mediation and will try to resolve the dispute.

Party B details	
Name	
Address	
Phone/mobile	Email
Availability (please include time and dates)	
Brief description of the dispute:	
Choose what Uniting Communities Mediation Service can tell your referrer <input type="checkbox"/> That you have attended mediation <input type="checkbox"/> The outcome or progress made at mediation	
Signature	Date

Privacy: This information will be sent to Uniting Communities Mediation Service for the purposes of arranging mediation. It will not be used for any other purpose and confidentiality will be maintained. Should Parties wish to access or amend personal information please contact Uniting Communities Mediation Service.

**Please return completed referral form to:**

Post: GPO BOX 943 Adelaide SA 5001  
 Email: [mediation@unitingcommunities.org](mailto:mediation@unitingcommunities.org)  
 Fax: 08 8202 5807  
 In person: Uniting Communities Mediation Service  
 43 Franklin St, Adelaide, 5000