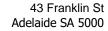




GPO BOX 943 Adelaide SA 5001 Phone 08 8202 5960 Fax 08 8202 5807

mediation@unitingcommunties.org

	Referrer details			
Name	ixeleffel details	Position		
Name		Fosition		
	<u></u>			
Organisation	Address			
Phone	Email			
Is there any current legal action?				
☐ Yes (provide details)				
□ Unsure				
This referral complies with our po	olicy and procedures			
Yes (provide details)				
	Consent to mediation			
When you sign this form, you are		and mediation and will try to resolve		
the dispute.				
Party A details				
Name				
Name				
Address				
	T			
Phone/mobile	Email			
Availability (please include time a	and dates)			
Brief description of the dispute:				
Brief description of the dispute.				
Choose what Uniting Communitie		ır referrer		
☐ That you have attended mediation				
☐ The outcome or progres	s made at mediation			
Signature		Date		





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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					
, and , and and a					
Name					
Address					
	[- "				
Phone/mobile	Email				
Availability (please include time and	l dates)				
Brief description of the dispute:					
Choose what Uniting Communities	Mediation Service can tell your r	eferrer			
☐ That you have attended me		Cicitor			
☐ The outcome or progress m					
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:
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Post: GPO BOX 943 Adelaide SA 5001 Email: mediation@unitingcommunities.org

Fax: 08 8202 5807

In person: Uniting Communities Mediation Service

43 Franklin St, Adelaide, 5000