This form should be completed as fully as possible and returned via e-mail to ResolutionUnit@nhsbt.nhs.uk

**Workplace Mediation Referral**

**1. Referring Manager Details**

|  |  |
| --- | --- |
| Your name |  |
| Dept/Section |  |
| Position |  |
| NHSBT location of participants |  |
| Your contact phone number: |  |
| Email address |  |
| Cost Centre (for Mediators to book travel/accommodation against) |  |

**2. Details of participants for contact purposes**

(*Please note that the Mediator(s) will contact all participants by telephone in advance of mediation)*

|  |  |  |
| --- | --- | --- |
| Name | Participant One | Participant Two |
| Position |  |  |
| Department/section/directorate |  |  |
| Preferred phone number |  |  |
| Typical availability |  |  |
| Nature of participant’s working relationship |  |  |

**3. Please provide a brief summary of the situation.**

*Please give any further information or documentation that you feel is relevant to the case. Please advise if the issues are part of any formal procedure or of any allegations that could include statutory discrimination.*

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**4. Please provide details of any action taken to date to resolve, investigate or otherwise manage the situation including outcomes.**

*Please continue on separate sheet if required.*

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**5. Please advise us of any specific needs of the participants.**

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**6. Please outline your expectations of mediation.**

*These will form our terms of reference.*

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**7. Other relevant *details.*** *Please tick*

|  |  |
| --- | --- |
|  | **Yes** |
| a. Please ensure all participants are aware that this case is being passed to the Internal Mediation Service for mediation?  |  |
| b. Have the participants been provided with a copy of “Guide to Workplace Mediation”? |  |
| c. Are all participants aware of your expectations of mediation? |  |
| d. Are all participants aware that the Mediation Meeting will take a full day? |  |
| d. Are all participants aware that they will be contacted by telephone prior to the mediation? |  |