

**Date of referral**

**Equality and Diversity Monitoring**

**Roundabout** wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010. We need your help to do this. The information you provide will stay confidential, and be stored securely and limited to only specific staff in the organisation.

**Please complete this form on behalf of the Young Person, if the Young person does not wish to answer these questions please write ‘prefer not to say’**

**Gender** Female 🗆 Male 🗆 Non-binary 🗆 Other ……………………….

**Married or in a civil partnership** No 🗆 Yes 🗆

**Age:** ………………………………

**Nationality:** ………………………….

**Ethnicity -** Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.

**Asian/Asian British**

Bangladeshi 🗆 Chinese 🗆 Indian 🗆 Other…………… Pakistani 🗆

**Black/ Black British**

African 🗆 Caribbean 🗆 Other ……………….

**Gypsy or Traveller** 🗆

**Mixed/multiple ethnic groups**

Asian & White 🗆 Black & White African 🗆 Black & White Caribbean 🗆 Other…………

**Other……………………**

**White**

British 🗆 Irish 🗆 Other ………………

**Disability or health condition**

No🗆 Yes 🗆

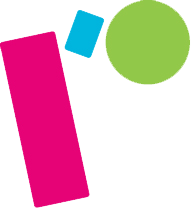
**Sexual identity**

Bisexual 🗆 Gay 🗆 Heterosexual 🗆 Other …………………………

**Religion or belief**

Buddhist 🗆 Christian 🗆 Hindu 🗆 Jewish 🗆

Muslim 🗆 None 🗆 Other…………………….. Sikh 🗆

**Roundabout Mediation**

**Referral Form for Professionals**

***PLEASE COMPLETE ALL QUESTIONS OR WRITE N/A***

|  |  |
| --- | --- |
| ***Details of Professional making referral:***  **Name:**  **Role:**  **Agency:** | **Address:**  **E-Mail:**  **Phone No:** |
| ***Details of Young Person:***  **Name:**  **Date of Birth:** **Age:**  **Education Provider:** | **Address:**  **Phone:**  **E-mail:** |
| ***Details of young person’s GP:***  **Name of GP:**  **Name of Practice:** | **Address:**  **Phone:**  **E-mail:** |
| ***Does the young person know that you are making this referral?* \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No** | |
| ***Family:***  **Name/s:**  **Relationship/s to young person:**  **Address:**  **Phone / email:** | |
| **Please tell us what times are convenient to contact the family:**  **How many family members require mediation?** | |
| ***Housing Need:***  **Where does the young person currently live?**  **Is the young person at risk of becoming homeless?**  **If yes, please provide more information below:** | |
| **Provide information about risks that Roundabout will need to be aware of and highlight any areas of concern for lone working**: | |
| **Provide any information about special requirements and any adjustments that may be needed**: | |
| **Please provide information on the difficulties that the family face and how mediation could help them in your opinion**: | |
| **Are there any safeguarding concerns involved with this family?**  **Provide information**: | |
| **Tell us about other professionals that are working with this family:** | |
| **Provide information on how you can support the family to participate in the mediation process – e.g. introductions, supporting them to travel to appointments etc**. | |
| **Data protection statement: *please confirm with young person***  I am aware that Roundabout will create and maintain computer and paper records on me, and that these records will be processed in compliance with the General Data Protection Regulation 2018. I agree to my details being recorded on Roundabout’s monitoring system. My information will not be disclosed to any external sources without my express written consent.  Please confirm that the young person is aware of this | |
| **Please return completed referrals by post to:** Roundabout Ltd, 22 Union Street, Sheffield, S1 2JP  If you would like to send the referral electronically please call 0114 2728424.or alternatively password protect your document and email [mediation@roundaboutltd.org](mailto:mediation@roundaboutltd.org) | |