**CONFIDENTIAL**

**Workplace Mediation Referral Form**

Please email this form with ‘Mediation Referral’ in the subject line to the UoM Mediation Service email address mediation@manchester.ac.uk. This inbox is monitored daily by the Employee Relations team.

The mediation process is private and confidential, and no formal records will be kept. This referral form allows us to consider the case and make the necessary administrative arrangements required.

The number of cases, occupancy type, any protected characteristics and grade will be recorded for monitoring purposes only and will not include any personal details of recipients.

1. **Referrer’s Details (please note that the contents of this referral may be shared with the parties engaged in mediation)**

|  |  |
| --- | --- |
| Department/School/Faculty/Institute |  |
| Name/Preferred Pronouns  |  |
| Job Title |  |
| Your relationship to the parties |  |
| Your email  |  |
| Your phone number |  |
| Your availability to discuss case |  |
| Local P&OD Partner Name |  |

1. **Parties’ Details (please note that we contact all parties in advance of mediation. Please indicate the preferred contact method)**

*Party One*

|  |  |
| --- | --- |
| Department/School/Faculty/Institute |  |
| Name/Preferred Pronouns |  |
| Job Title |  |
| Occupancy Type (e.g., academic, professional services) |  |
| Grade |  |
| Email |  |
| Phone Number |  |
| Working Pattern (e.g., part-time, shift work) |  |
| Working relationship with other party/parties |  |

*Party Two*

|  |  |
| --- | --- |
| Department/School/Faculty/Institute |  |
| Name |  |
| Job Title |  |
| Occupancy Type (e.g., academic, professional services) |  |
| Grade |  |
| Email |  |
| Phone Number |  |
| Working Pattern (e.g., part-time, shift work) |  |
| Working relationship with other party/parties |  |

*Please contact the Mediation Service if more than two parties are involved in the referral*

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| --- |
| 1. **Please provide a summary of the situation. Please advise us if the issues are part of a formal process e.g., disciplinary, grievance, dignity at work. Please provide as much information as possible as this will allow the mediation service to assess whether the situation is suitable for mediation.**
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|  |
| 1. **Please provide details of any action taken to date to resolve, investigate, or otherwise manage the situation (including any outcomes).**
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|  |
| 1. **Is there anything else happening in the party’s area that may be contributing to the situation? E.g., recent structural changes, changes to line management.**
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|  |
| 1. **Please use this space to outline your expected outcomes of mediation and to provide any further information that you feel is relevant to this case.**
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| 1. **Please use this space to advise us of any specific needs of the parties (for example if English is not a first language, if there are mobility needs, or if there are any environments/circumstances the parties might find difficult).**
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|  |

1. **Action Checklist for Referrer (Please tick)**

|  |  |  |
| --- | --- | --- |
| **Action** | **Yes** | **No** |
| Are all parties aware that you are making this referral? |  |  |
| Are the issues part of a formal process? |  |  |
| Have the parties been provided with any information about mediation? |  |  |
| Are all parties aware of your expectations of mediation (see section F above)? |  |  |
| Are all parties aware that they will be contacted by the UoM Mediation Service by email or Teams Voice to discuss the mediation process? |  |  |
| Is everyone aware that mediation may take at least 4.5 working hours of their time? |  |  |
| Are you aware that the disclosure of any mediation agreement to you or anyone else is at the discretion of all the parties taking part in the mediation?  |  |  |
| Are you comfortable if the Mediation Service contact your local P&OD Partner to make them aware of this referral?  |  |  |

1. **To help with the expediency of this referral please can you suggest three possible dates for the mediation?**

|  |  |  |
| --- | --- | --- |
| 1 | 2 | 3 |