

**Bliss Mediation Services - Family & Young Peoples Homeless Mediation Referral Form**

Return to: Bliss Mediation Services, Eric Tolhurst Centre, 3 – 13 Quay Road, Blyth NE24 2AS  
Te: 01670 540979 Fax 01670 540979 email - [bliss-mediation@btconnect.com](mailto:bliss-mediation@btconnect.com)

Please complete in Capital letters, ensuring all information has been completed in all sections.

Referral Agency ..... Your name .....  
Your contact number ..... Date .....  
Email address .....

**Name** ..... Relationship (e.g. Mother, Son) .....  
**Name** ..... Relationship (e.g. Mother, Son) .....  
**Name** ..... Relationship (e.g. Mother, Son) .....  
**Name** ..... Relationship (e.g. Mother, Son) .....  
**Name** ..... Relationship (e.g. Mother, Son) .....  
**Address** ..... **Post Code** .....  
**Telephone** ..... **email** .....

***Above information is essential***

Additional address .....  
.....  
.....

Who lives here .....  
**Best time and method to contact**      phone / email / letter      **Times** .....

Outline of issues .....  
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.....  
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Have any other agencies been involved? .....

For the sake of our Mediators Health & Safety please provide any information which you feel they should be aware of (Please include any concerns of animals).....  
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Has Mediation been discussed with all parties    yes / no

If no please give reason:.....