

## Workplace mediation referral form

Use this form to make a mediation referral. Fill in as many details as possible and submit the form by fax (02 4032 6404) or email (admin@keypsychology.com.au).

Download form at: [keypsychology.com.au/content/forms](http://keypsychology.com.au/content/forms)

### Date of referral:

### Referrer information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship to the person being referred (e.g. nominated treating doctor):  
\_\_\_\_\_

### Mediation requested for:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of injury: \_\_\_\_\_

Employed by: \_\_\_\_\_

Workplace address: \_\_\_\_\_

Workers' comp insurer: \_\_\_\_\_ Case manager: \_\_\_\_\_

Workers' comp claim number: \_\_\_\_\_

Brief details about the conflict:  
  
\_\_\_\_\_  
  
\_\_\_\_\_

Is the person psychologically ready for mediation?  
  
\_\_\_\_\_

Signature: \_\_\_\_\_