**WORKPLACE DISPUTE RESOLUTION BOOKING FORM**

|  |  |  |
| --- | --- | --- |
| **Company Details** | **ID:** |  |
| **Service Date:**  |  |
| **Company**  |  |
| **Company Address** |  |
| **Business Type** |  |
| **Date of Request** |  |
| **Address and location of mediation** |  |
| **Parking options** |  |
| **Mediation Requested by** |  |
| **Position** |  |
| **Contact Details** |  |
| **Email address** |  |
| **Preferred date of mediation** |  |
| **Authorised person confirmed** |  |

**Contact details of Participants**

|  |
| --- |
| **Contact Details Participant 1** |
| **Name:** |  |
| **Work Title:** |  |
| **Work Number:** |  |
| **Mobile:**  |  |
| **Email:** |  |
| [ ]  Participant 1 does not require a support person [ ]  Participant 1 has indicated that they would like the following person to participate as a support person:  |

|  |
| --- |
| **Contact Details Participant 2** |
| **Name:** |  |
| **Work Title:** |  |
| **Work Number:** |  |
| **Mobile:**  |  |
| **Email:** |  |
| [ ]  Participant 2 does not require a support person [ ]  Participant 2 has indicated that they would like the following person to participate as a support person: |
| **Contact Details Company Representative e.g Parties manager or HR** |
| **Name:** |  |
| **Work Title:** |  |
| **Work Number:** |  |
| **Mobile:**  |  |
| **Email:** |  |

**Contact Details of Mediator**

|  |  |
| --- | --- |
| **Name:** |  |
| **Work Number:** |  |
| **Mobile:**  |  |
| **Email:** |  |

**Pre-Mediation Details and Confirmation**

The company is responsible for booking the pre-mediation sessions with the participants on the agreed dates. Our preference is for the pre-mediation sessions to be conducted one or two days before the mediation session.

* Pre-meditation meeting with the Parties to the dispute e.g Participant 1 and Participant 2 will be preferably a face to face or via video meeting. A phone meeting is the least preferred option.
* The pre-mediation meeting with the company representative will generally be by phone or video meeting. A face to face meeting is also welcomed.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Participant 1** | **Participant 2** | **Company Rep** |
| **Name:** |  |  |  |
| **Date:** |  |  |  |
| **Time:** |  |  |  |
| **Location:** |  |  |  |

**Mediation Session Details**

The company is responsible for booking the mediation session or sessions with the participants on the agreed dates. Please allow 3 to 4 hours for a two person mediation. Unused hours will be refunded / not charged.

|  |  |
| --- | --- |
| **Date:** |  |
| **Time:** |  |
| **Location** |  |

**Background Information**

|  |  |
| --- | --- |
| Details of issues / grievances between parties.  | [ ]  Formal Complaint? |
| How long has the business been aware of the issues? |  |
| What efforts to resolve the issue have been made? |  |
| What outcomes are the business expecting from the Mediation? |  |
| If Mediation is unsuccessful what is the next likely step in the resolution process? |  |
| What information does the business expect from the mediation? | [ ]  Confirmation of Attendance[ ]  Signed Agreement reached[ ]   |
| Notes |  |

Thank you for your request to Mediate.

Yours Sincerely,

Craig Anderson

Owner Mediate-Me,

NMAS Nationally Accredited Mediator.

Bach. Elec. Eng. M. Min.Lead.