

**Mediation/Facilitated Conversation Request Form**

**1. HR contact/Business Manager name and email address:**

**2. Department/s:**

**3. Is the request for mediation or a facilitated conversation:**

**4. Individuals taking part in mediation:**

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| --- | --- | --- | --- | --- | --- |
| **Name** | **Agreement to take part confirmed for requesting parties** | **Job title** | **Contact Telephone Number** | **Email address** | **Any accessibility requirements or reasonable adjustments required to access mediation** |
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|  |  |  |  |  |  |

**5. For both parties, please list any dates they cannot attend within the next three weeks from the date of the request form being submitted. Or parties may send this separately via email to** **mediation@admin.cam.ac.uk** **when the form is submitted. This is essential to ensure a prompt mediation process.**

|  |  |
| --- | --- |
| **Name** | **Any dates that requesting parties cannot attend within the next three weeks** |
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**6. Line manager/contact in the Department (if appropriate)**

Name:

Contact number:

Contact email: