



## Aboriginal Mediation Service (AMS) Referral Form

**Please complete this form to participate in mediation offered by the Aboriginal Mediation Service if your matter is deemed suitable.**

### What is mediation

Mediation involves people willingly coming together to talk about their conflict and trying to reach an agreement that everyone can live with.

Mediation is facilitated by qualified mediator/s. The mediator is a neutral third party who helps the participants discuss the problem and find solutions. While the mediator guides and supports the process, it is up to the participants to agree on the outcomes and make them work.

### How it works

Once the mediation referral form is submitted the Aboriginal Mediation Service Case Manager conducts an in-depth intake and assessment process with each party which helps to determine:

- Who is involved.
- The nature and scale of the conflict.
- Willingness to engage.
- Participants' ability to commit to outcomes.
- Suitability for mediation.

If mediation is suitable, the AMS will also provide further information on:

- The mediation process.
- Confidentiality.
- Possible options for scheduling the mediation.

### Confidentiality

It is important for anyone engaging with the AMS to understand that their information is confidential and protected.

Any contact you have with the AMS is confidential in nature. The AMS will not use any information obtained to your disadvantage.

### Costs

The cost of the Mediation with Aboriginal Mediation Service is free for participants.

### Help and contact

For further information or if you need help, contact the Aboriginal Mediation Service on 61 8 9264 6176 or 1800 045 577.

### Referrer's details

\*



Day    Month    Year

**Full name \***

First Name

Last Name

**Position title****Name of organisation****Address \***

Street Address Line 1

Street Address Line 2

Suburb

State

Postcode

**Referrer's Phone Number \***

Area Code

Phone Number

**Referrer's Email**

Enter a valid email address

**Is the referrer also a participant to the mediation? \***

Yes

No

**In which capacity?**

**Has the referrer advised the parties in dispute that a referral is being lodged with the AMS? \***

Yes

No

**Where did you hear about us? \***

Community

Friend/Family

Internal Department of Justice

Previous client

Promotional Materials

Training

Website

Other agency

Participant A

**Full name - Participant A \***

First Name

Last Name

**Aboriginal/Torres Strait Islander \***

Yes - Aboriginal

Yes - Torres Strait Islander

Yes - Aboriginal and Torres Strait Islander

No

**Mediation**

Initiated mediation

To be invited

**Participant A - Address \***

Street Address Line 1

**Participant A's Phone Number \***

Area Code                      Phone Number

**Participant A's Email**

Enter a valid email address

Participant B

**Full name - Participant B \***

First Name              Last Name

**Aboriginal/Torres Strait Islander \***

- Yes - Aboriginal
- Yes - Torres Strait Islander
- Yes - Aboriginal and Torres Strait Islander
- No

**Mediation**

- Initiated mediation
- To be invited

**Participant B - Address \***

Street Address Line 1

Street Address Line 2

### **Participant B's Phone Number \***

Area Code

Phone Number

### **Participant B's Email**

Enter a valid email address

### **Is there another participant? \***

Yes

No

Participant C - if relevant only

### **Full name - Participant C**

First Name

Last Name

### **Aboriginal/Torres Strait Islander**

Yes - Aboriginal

Yes - Torres Strait Islander

Yes - Aboriginal and Torres Strait Islander

No

### **Mediation**

Initiated mediation

To be invited

### **Participant C - Address**

Street Address Line 1

Street Address Line 2

Participant C's Phone Number

Area Code                      Phone Number

Participant C's Email

Enter a valid email address

The Dispute

- \*
- Metropolitan
- Southwest
- Great Southern
- Wheatbelt
- Midwest Gascoyne
- Goldfields
- Kimberley
- Outside of Western Australia

Provide a brief description of the dispute \*

0/500

- \*
- Burial
- Community
- Family Law Matter
- Workplace/Employment
- Civil and Commercial
- Family Dispute
- Neighbour

If you have any issues lodging this online referral form, please contact the AMS on the following  
Telephone: 1800 045 577 (free call) or 61 8 9264 6176  
Email: [aboriginalmediationservice@justice.wa.gov.au](mailto:aboriginalmediationservice@justice.wa.gov.au)