

CONFLICT MEDIATION REFERRAL FORM

A conflict mediation referral concerns a breakdown in the working relationship between employees. Feedback related to the assessment sessions, including initial, interim, and final feedback reports, as well as workplace recommendations, will be provided to the referring manager.

It is important for the conflict mediation forms to be filled out in as much detail as possible. This enables all parties involved to be able to provide the necessary feedback and support required in order to ensure the best possible outcome to the process. Please note all sections of the form are compulsory to complete in order for the referral to take place.

Western Cape Government	
Department	
Lyra case number	

Section A: To be completed by the Referrer (Employees to initial each page).

Referrer's details			
Name :			
Gender:			
Position:			
Department			
BU/Facility/Region			
Cell number:			
Work number:			
Email:			
	Employee A	Employee B	Employee C
Name:			
E-mail			
Gender:			
Position:			
BU/Facility/Region:			
Cell number:			
Work number:			
Age:			
Length of service:			



Section B:

Please add any additional information or documentation as an Annexure to this referral form.

Reason for referral:

Impact of the conflict on workplace functioning (include factors such as performance, attendance, relationships at work, and ability to manage key aspects of job role). Please provide examples where possible:

How do the employees explain their perspective of the conflict?

Is there any other information that, in your opinion, is contextually relevant to this case?

Referrer's name: _____ Signature: _____ Date: _____

Section C

To be completed by the Employees



Please note: The conflict mediation process is a **VOLUNTARY** process.

The process: Upon signed receipt of these conflict mediation forms to your EWP, you will be referred for face-to-face counselling. Your assigned therapist will contact you to set up an appointment. The appointment date will be fed back to the referrer. The process entails an individual session with each employee, followed by 2 joint sessions. The referrer will then receive a process report including recommendations towards the maintenance of the mediation process. *Personal information will not be disclosed.* If only one employee agrees to sign the forms, they can then continue with a managerial referral (where appropriate).

Privacy Notice for employee:

To assist you, we require your consent before participating in the service, storing and processing your personal information. Our privacy notice sets out how you can expect us to use your personal data. You can find a copy of this on our website. Lyra has developed policies and procedures to ensure appropriate governance and compliance with data privacy laws. It is also our policy to have security measures and safeguards implemented to ensure that any sensitive personal data remains confidential and that it is deleted as soon as is reasonably possible.

Consent to be referred for face-to-face counselling- COMPULSORY to complete

I agree to be referred for face-to-face counselling, as part of the assisted referral process, according to:

Preferred language for counselling:	
Compulsory for face to face	1.
Preference areas/locations Town and suburb	2.
	3.
Special considerations (e.g. wheelchair access)	

Please note that Lyra utilises SMS's to the employee during the case management process.

Employee consent to participate in formal referral process and for relevant feedback to be given to my referrer:

I hereby consent to:

1. Partake in the conflict mediation process as outlined in this document.
2. Lyra using my personal data in accordance with the privacy notice provided.
3. Confirm that I have received a copy of the formal referral forms associated with this process.
4. Be referred for face-to-face counselling sessions as per my preferences listed in the referral form.
5. Allow relevant feedback regarding my progress and any workplace-related recommendations to be provided to my referrer.

I understand that my participation in this process is voluntary and that I can withdraw my consent at any time by notifying my referrer or Lyra.

Employee name A: _____ Signature: _____ Date: _____

Employee name B: _____ Signature: _____ Date: _____

Employee name C: _____ Signature: _____ Date: _____