**REQUEST TO ENTER INTO MEDIATION FORM**

Please note:

* This form must be completed and emailed to respect@ucd.ie to begin the mediation process.
* For employees, it should be completed fully, dated and signed by you and your manager (or the next level up) and the other party’s manager if employed in a different area.
* For students, it should be completed fully, dated and signed by you and your Head of School (or their nominee).
* When mediation is initiated by the manager/Head of School with the mutual consent of both parties, this should be indicated on the form and the line manager’s/Head of School’s signature alone is sufficient.
* Both parties must have agreed to mediation prior to submitting this form.
* Both parties are advised to contact respect@ucd.ie to request a separate briefing on the mediation process prior to commencing mediation to be fully informed as to what is entailed.
* As per the Mediation Alternative Dispute Resolution policy, mediation is a confidential process including the details in this form.
* The Dignity and Respect Support Service provides information briefings and coordination services in respect of all university mediation requests including those without a dignity and respect aspect (i.e. bullying, harassment or sexual misconduct). D&R Support Advisers are available to provide information and guidance on the UCD Mediation policy to students, employees and community members including managers, Heads of School and Student Support Professionals.
1. **Person requesting Mediation - Details** (or person 1 where mediation has been instigated by the line manager/Head of School with the consent of both parties)

|  |  |
| --- | --- |
| **Name:** |  |
| **College/Unit:** |  |
| **Email Address:** |  |
| **Contact number:** |  |
| **Position/Year:** |  |
| **Employees/Student ID number** |  |

1. **The Person with whom mediation is requested - Details** (or person 2 where mediation has been instigated by the line manager/Head of School with the consent of both parties)

|  |  |
| --- | --- |
| **Name:** |  |
| **College/Unit:** |  |
| **Email Address:** |  |
| **Contact number:** |  |
| **Position/Year:** |  |
| **Employees/Student ID number** |  |

1. Please confirm that the other party has agreed to enter into mediation with you. 
2. Please tick this box if mediation has been instigated by the line manager/Head of School with the mutual consent of both parties, and there is no specific request for mediation from either party. 
3. Please provide details of the matter to be mediated.

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| --- |

1. Please provide details of local level attempts which have been made to resolve the matter and the outcome(s).

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| --- |

1. **Nature of relationship:**

 □ Line Manager

 □ Subordinate

□ Co-worker/colleague

□ Fellow Student

□ Student/Lecturer

□ Other\*

\*Please indicate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Authorisation**

**For employees**: Consent of a manager is required to authorise this form. The line manager’s signature is required to confirm that local-level interventions have taken place, that both parties have agreed to participate and that the manager is agreeing to release the employees for the mediation meetings.

**For students**: Consent of the Head of School (or their nominee) of the reporting party is required to authorise this form. The Head of School’s (or their nominee’s) signature is required to confirm that local-level interventions have been explored and that both parties have agreed to participate. D&R Support Advisers can provide support to ascertain if both parties wish to proceed with mediation.

Signature of Manager (for employees): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(or next level up if the other party is direct line manager)*

Signature of Manager of other party (for employees): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(if different than above)*

*Signature of Head of School or their nominee (for students)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that I have read and understand the Mediation Alternative Dispute Resolution policy and

agree to comply with its requirements including those which are referred to in this form, and in

particular I acknowledge without prejudice the confidentiality requirement referred to in the policy.

Signature of Person Requesting Mediation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The completed form should be emailed to** **respect@ucd.ie** **to instigate the mediation process.**