**REQUEST TO ENTER INTO MEDIATION FORM**

**Please note:**

* **If both parties are employees:** both parties’ line manager(s) are responsible for completing this form, discussing its content with their employees, and submitting it to **respect@ucd.ie**. If one of the parties is requesting mediation with their line manager, the process will involve the next level of management.
* **If both parties are students:** both parties’ Head(s) of School are responsible for completing this form, discussing its content with both parties, and submitting it to **respect@ucd.ie**.
* **If one party is a student and the other is an employee:** the student’s Head of School and the employee’s line manager are responsible for completing this form, discussing its content with their respective party, and submitting it to **respect@ucd.ie**.
* **Both parties must have agreed to mediation before 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](https://hub.ucd.ie/usis/%21W_HU_MENU.P_PUBLISH?p_tag=GD-DOCLAND&ID=89), mediation is a confidential process, including the information in this form. This document is to be shared only between the parties, their responsible manager (if employee) or Head of School (if student), the Dignity & Respect Support Service, and the mediator. The responsible manager(s) or Head(s) of School will be informed when mediation meetings are scheduled, when the process is concluded, and whether an agreement has been reached or not.
* The information provided in this form will give the mediator an initial overview of the issue. Separate meetings with each party will allow the mediator to hear their concerns in more detail before mediation with both parties takes place.
1. **PERSON 1 - DETAILS**

| **Name:** |  |
| --- | --- |
| **Email address:** |  |
| **Contact number:** |  |
| **Employee/Student ID number:** |  |

1. **PERSON 2 - DETAILS**

| **Name:** |  |
| --- | --- |
| **Email address:** |  |
| **Contact number:** |  |
| **Employee/Student ID number:** |  |

1. **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 the relationship:**

| **PERSON 1** | **PERSON 2** |
| --- | --- |
| ☐Line Manager/Principal Investigator | ☐Line Manager/Principal Investigator |
| ☐ Subordinate | ☐Subordinate |
| ☐Co-worker/Colleague | ☐Co-worker/Colleague |
| ☐Student | ☐Student |
| ☐Academic Lead | ☐Academic Lead |
| ☐Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**By signing this form, I confirm that I have read and understood the** [**Mediation Alternative Dispute Resolution policy**](https://hub.ucd.ie/usis/%21W_HU_MENU.P_PUBLISH?p_tag=GD-DOCLAND&ID=89)**, agree to enter mediation and 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.**

| **Date / signature of PERSON 1:** | **Date / signature of PERSON 2:** |
| --- | --- |

**By signing this form, I confirm that all avenues for local resolution have been explored and exhausted, and that I agree to release the participant(s) to attend mediation.**

| **Date / signature of MANAGER/HOS** **OF PERSON 1:** | **Date / signature of MANAGER/HOS** **OF PERSON 2 *(if different)*:** |
| --- | --- |