**Mediation Evaluation Form**

Your feedback is very important to the Mediation Service, as it tells us about your experience of using the service and helps us to understand what we are doing well and where we might need to improve. Please be assured that the information you provide will be treated in the strictest confidence.

|  |  |
| --- | --- |
| Your name |  |
| Mediators |  |
| Date of Mediation |  |

**Please answer the following questions by ticking the box that most accurately reflects how you feel.**

1. **The mediation process was clearly explained to me from the start**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly Agree |  | Agree |  | Unsure |  | Disagree |  | Strongly Disagree |  |
| Your comments: | | | | | | | | | |

1. **The information given to me by the Mediators was clear and easy to understand**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly Agree |  | Agree |  | Unsure |  | Disagree |  | Strongly Disagree |  |
| Your comments: | | | | | | | | | |

1. **I felt comfortable that confidentiality was respected at all times**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly Agree |  | Agree |  | Unsure |  | Disagree |  | Strongly Disagree |  |
| Your comments: | | | | | | | | | |

1. **The Mediators (please tick all the boxes that you agree with, and /or provide feedback below):**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Were impartial |  | Were non-judgemental |  | Helped us to identify and consider a number of options |  | Listened to us carefully |  | Were professional |  |
| Your comments: | | | | | | | | | |

1. **Following mediation my understanding of the other person has improved**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly Agree |  | Agree |  | Unsure |  | Disagree |  | Strongly Disagree |  |
| Your comments: | | | | | | | | | |

1. **I feel I was given enough support to express my views**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly Agree |  | Agree |  | Unsure |  | Disagree |  | Strongly Disagree |  |
| Your comments: | | | | | | | | | |

1. **From my point of view, the situation has improved following mediation**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly Agree |  | Agree |  | Unsure |  | Disagree |  | Strongly Disagree |  |
| Your comments: | | | | | | | | | |

1. **I feel more able to deal with any differences that might arise in future with the same or a different party**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly Agree |  | Agree |  | Unsure |  | Disagree |  | Strongly Disagree |  |
| Your comments: | | | | | | | | | |

1. **I would recommend the Mediation Service to a colleague**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly Agree |  | Agree |  | Unsure |  | Disagree |  | Strongly Disagree |  |
| Your comments: | | | | | | | | | |

1. **Overall, I am satisfied with the Mediation Service**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly Agree |  | Agree |  | Unsure |  | Disagree |  | Strongly Disagree |  |
| Your comments: | | | | | | | | | |

1. **Anything else you would like to tell us:**

|  |
| --- |
|  |

**Monitoring for fairness**

The Mediation Service is committed to ensuring that our services are accessible to all staff and that we meet the diverse needs of our college community. The information you provide in this form will be used to help us achieve that commitment. The data collected will be treated as strictly confidential and will only be used for statistical purposes.

Please answer by placing a tick in the appropriate box.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Age** | | | | | | | |
| Under 25 |  | 25-34 |  | 35-44 |  | 45-54 |  |
| 55-64 |  | 65+ |  | Do not wish to disclose | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Disability: Do you consider yourself to have a disability?** | | | | | |
| Yes |  | No |  | Do not wish to disclose |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnic group** | | | |
| Asian/Asian British |  | Black/Black British |  |
| Chinese |  | Mixed/Multiple ethnic groups |  |
| Other Ethnic Group |  | Other White background |  |
| White British |  | Do not wish to disclose |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender** | | | |
| Female |  | Male |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender reassignment:** Is your present gender the same as the one assigned to you at birth? | | | | | |
| Yes |  | No |  | Prefer not to disclose |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Religion and belief** | | | |
| Buddhist |  | Christian |  |
| Hindu |  | Jewish |  |
| Muslim |  | No religion |  |
| Sikh |  | Any other religion or belief (please specify) |  |
| Prefer not to say |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sexual Orientation** | | | |
| Bisexual |  | Gay man |  |
| Gay woman/Lesbian |  | Heterosexual/Straight |  |
| Other (please state) |  | Prefer not to say |  |

Thank you for taking the time to complete this form. Please return it to the Mediation Coordinator at [mediation@leedscitycollege.ac.uk](mailto:mediation@leedscitycollege.ac.uk)