



Legal Aid Agency

Mediation Consolidated Work Report

Provider Contract Number:

m	e	d																	
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Provider name: _____

Case Ref	Date started	Client name	*Gender	*Ethnic Origin	*Disability monitoring	*Age	Post code	Legally Aided?	*Work Type	Session Quantity	Time (mins)	*Outcome	*Outreach	*Referral	Disbursements (incl. VAT)
1															
2															
3															
4															
5															

To complete boxes marked () refer to the Guidance for Reporting Work under Mediation Contracts