Form of Consent

1	_(Name)
Of,	_(Address)
Confirm that a Midlands Dove have suggested to consult an Independent Financial Neu	tral to assist
in progressing Mediation in relates to Pensions.	
Confirm I am happy for Midlands Dove Mediation to make contact with an Independen	t Financial
Neutral and invite him/her to join our next Session.	
Give permission to Midlands Dove to share my contact details and any case related info	ormation with
the Independent Financial Neutral pre and post Sessions should it be necessary and req	uested.
Signed(Signature)	
Dated	