

Global Mediation

REPLACING CONFLICT WITH HARMONY

Application to join the Global Mediation Panel of Associate Mediators

CONFIDENTIAL: Please complete all sections clearly, using a separate sheet if necessary.

General information			
Title		First name	
Surname		Occupation	

Tel (day)		Tel (evening)	
Mobile		Email address	

Professional Experience	
Substantive Areas of Practice/Experience (please describe each major area)	Approximate percentage of practice devoted to each area

Professional Associations and Memberships

Mediation and ADR Experience

Number of cases you have mediated:		Number of mediations you have been involved in as advisor/ representative:	
Number of years you have been a mediator:		Are you currently listed on the SEND Mediator Register?	
Accrediting organisation:		Date of accreditation:	
Other ADR proceedings you have conducted:			

Mediation and ADR Training

Course Title	Description	Organisation	Hours	Date

Additional Skills

Languages:	
Do you drive and have access to a car:	
Computer literacy:	

Other Information

Please provide any other relevant mediation and ADR information

Availability for Work

Please tick below to indicate your availability for mediation referrals:

	AM	PM	Eve
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	AM	PM	Eve
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please state minimum notice period required for referrals: _____

References

Please provide details of two referees. Referees will not be contacted without your prior permission.

Name		Position	
Address			
Tel (day)		Tel (evening)	
Mobile		Email address	

Name		Position	
Address			
Tel (day)		Tel (evening)	
Mobile		Email address	

Signed		Date	
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After completing this form, please save it and then send it as an email attachment to

martham@globalmediation.co.uk

Alternatively, please post it to Martha Monday at the address below.