



APPLICATION FORM  
 for the designation  
**CHARTERED MEDIATOR**

**I REQUIRED INFORMATION**

**1. APPLICANT**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Tel: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

*(Please attach a one page biographical outline)*

**2. FORMAL EDUCATION**

Degrees/Certificates	Year Granted	Institution Name	Location

**3. EMPLOYMENT**

Please outline your employment for the past 10 years, listing employers, dates and type of employment.

Employer	Date	Type Of Employment

**4. MEDIATION EDUCATION**

**A) MEDIATION TRAINING (minimum 80 hours or 10 full days)**

List and describe the training (program, instructor, duration, date) which you have taken in mediation theory and skills. Please attach evidence of completion of these programs, where available.

<b>Training Program</b>	<b>Instructor</b>	<b>Duration</b>	<b>Date</b>

**AND**

**B) RELATED STUDY (minimum 100 hours or 12 full days)**

List and describe the related training and education (program, instructor, duration, date) in dispute resolution generally, for example the psychology of dispute resolution, negotiation, public consultation, mutual gains bargaining, communication, conflict management, fact finding or arbitration. You may require to explain how a program is related. Please attach evidence of completion of these programs, where available.

<b>Training/Education Program</b>	<b>Instructor</b>	<b>Duration</b>	<b>Date</b>

OR

**C) LONGEVITY IN PRACTICE (in lieu of A and B)**

Where longevity in practice as a mediator is claimed, please provide the following:

- a) a summary of your mediation practice (250 words);
- b) any awards or recognition related to mediation or dispute resolution;
- c) training and education programs developed and given by you;
- d) at least 5 letters of recommendation of your services as a mediator.

**5. MEDIATION EXPERIENCE (attach additional pages as necessary)**

- a) Please list and give specifics regarding at least 10 mediations (number of parties, issues mediated, duration of mediation, sole or co-mediator).

No. of Parties	Issues Mediated	Duration	Sole/Co-Med.

- b) State the number of hours or percentage or full time you are engaged as a mediator.
- c) Describe your mediation experience, including the total number of case mediated and the process followed.
- d) State whether you have worked as sole mediator only or as co-mediator.
- e) State areas of specialization, if any, and the area most of your mediations – for example - commercial, insurance, labour, family, construction or other.
- f) What percentage of your mediations were fee paid?
- g) Number of years you have practiced as a mediator.
- h) Are you certified, accredited, or chartered as a mediator elsewhere? If so, where?

**6. OTHER INFORMATION**

- a) Please provide any other information which supports your application.
- b) List all dispute resolution organizations of which you are a member and the date of admission.

Organization	Date of Admission

- c) Are you able to make yourself available for a skills assessment? Amount of notice required? Location?
- d) Have you previously applied for a Chartered Mediator designation? If so, when?

**II PLEDGE**

As a Chartered Mediator, I pledge to comply with the Code of Ethics of the Institute.

I understand that a violation of the Code of Ethics could result in the revocation of my Chartered Mediator designation

I further understand that an annual fee, established from time to time by the Board of Directors, will be levied by the Institute to maintain my Chartered Mediator status once granted.

I certify that the information provided herein is complete and accurate and that, to the best of my knowledge, I am qualified for the designation of Chartered Mediator.

Date: \_\_\_\_\_

Name (print) \_\_\_\_\_

Signature: \_\_\_\_\_