**CLINIC MEMBER INFORMATION FORM**

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| --- | --- | --- | --- |
| **University of Strathclyde Student** | | | |
| Name: |  | | |
| Registration Number: |  | | |
| Mode of Study: |  | Year of study |  |
| University Email: |  | | |
| Contact Number: |  | | |
| **If external to the University please complete below:** | | | |
| Name: |  | | |
| Address: |  | | |
| Email: |  | | |
| Contact Number: |  | | |
| **Please tell us about your background** | | | |
|  | | | |
| **Date: Signature:** | | | |

**If you wish to continue to support the Clinic, but do not wish to be considered for mediation volunteering opportunities with the Clinic in the coming year, we do not require any further details. We will keep your details on our mailing list.**

/over

**INFORMATION REQUIRED TO MEDIATE OR OBSERVE**

**The remainder of this form should be used if you wish to act as Mediator, Assistant Mediator or Observer for the coming year.**

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| --- | --- | --- | --- |
| **Please detail your formal training** | | | |
| **Name of Provider** | **Title of Course** | **Duration** | **Date completed** |
|  |  |  |  |
| **Please let us know the format of mediation for which you wish to be considered (tick all that apply)** | | | |
| Zoom 🞎 Telephone Conference Call 🞎 Face to Face at Clinic Office/Court 🞎 | | | |
| **If you have a particular area of expertise, please let us know** eg family, community, housing etc**:** | | | |
| **Please provide any other relevant information** | | | |
|  | | | |

I wish to be considered for cases as follows. *Please note to mediate cases referred from the SCTS you must be a registered mediator with Scottish Mediation or equivalent.*

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| --- | --- | --- |
|  | Please Tick | Notes |
| **Lead Mediator** |  | I confirm that I am a registered mediator with Scottish Mediation. **My renewal date is:** |
| **Assistant Mediator** |  | There is no requirement to be a member of Scottish Mediation. |
| **Observer** |  | There is no requirement to be a member of Scottish Mediation. |

|  |  |  |
| --- | --- | --- |
| **If you have previously been a member of Mediation Clinic please detail the mediations you have carried for us over the past year (as Lead and or Assistant/Co-mediator, Observer)** | | |
| **Date** | **Case No** | **Lead/Assistant/Co-mediator/Observer** |
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**I hereby agree that all information about University of Strathclyde Mediation Clinic (USMC) clients**

**and cases is confidential to the Clinic, and undertake to keep confidential any matters which**

**I learn about through USMC.**   🞎

Exceptions:

1) to share information with other USMC members and the Director for the purposes of

supervision and professional development

2) where a child protection or criminal matter comes to light in the course of mediation

3) with the permission of the parties, where a mediation outcome requires to be communicated to the Court or a third party.

**I agree to my data being held securely by the University of Strathclyde Mediation Clinic**  🞎

**I agree to my email contact being shared with other member mediators in the Mediation Clinic**

**for the purposes of arranging cases or court visits** 🞎

**I have read and understood the** [**Mediation Clinic Privacy Notice**](https://www.strath.ac.uk/media/faculties/hass/law/mediationclinic/Mediation_Clinic_Privacy_Notice_August_2018.pdf)  🞎

**I have read and understood the Mediation Clinic Constitution and acknowledge that Membership is at the discretion of the Board.** 🞎

Signed:

Please email completed application to: [mediationclinic@strath.ac.uk](mailto:mediationclinic@strath.ac.uk)

**Please note we will ask all members to complete an annual return on an annual basis.**