**MEDIATOR MEMBER APPLICATION FORM**

**This form should be used if you wish to act as mediator, student mediator or observer for the coming year.**

|  |  |  |  |
| --- | --- | --- | --- |
| **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** | | | |
|  | | | |
| **If you have previously been a member of Mediation Clinic please detail how many mediations have you carried for us over the past year (as Lead and or Student/Co-mediator)** | | | |
|  | | | |
| **Please detail your formal training** | | | |
| **Name of Provider** | **Title of Course** | **Duration** | **Date completed** |
|  |  |  |  |
| **Please let us know the types of mediation for which you wish to be considered** | | | |
| Face to Face at Clinic Office **🞎** Telephone **🞎**  Kilmarnock Sheriff Court **🞎** Paisley Sheriff Court **🞎** Falkirk Sheriff Court **🞎** | | | |
| **Please provide any other relevant information** | | | |
|  | | | |

**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.pagespeed.ce.p7ROc2nDbd.pdf)  **🞏**

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

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

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