**MEMBER APPLICATION FORM**

**This form applies to those who wish to be part of the Mediation Clinic but will not actively participate in mediations.**

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Contact Number |  |

**We welcome applications from a broad range of supporters including those that do not have a mediation experience. As a volunteer organisation it is useful to know about our members interests and experience.**

|  |
| --- |
| Please tell us about your background, interests and experience |
|  |
| What CPD events would you be interested in? |
|  |
| Please provide any other information you feel is relevant |
|  |

**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.**   **🞏**

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

**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