

# Application for CI Arb Fellowship via the Experienced Practitioner Route (Mediation Pathway)



Thank you for applying to join the Chartered Institute of Arbitrator (CI Arb). Please complete all sections in BLOCK CAPITAL and return your completed form via email to [memberservices@ciarb.org](mailto:memberservices@ciarb.org) or CI Arb Member Services, CI Arb, 12 Bloomsbury Square, London, WC1A 2LP.

If you have any questions on how to complete this form, or any aspect of becoming a member please contact our membership team  
**E:** [memberservices@ciarb.org](mailto:memberservices@ciarb.org) or **T:** +44 (0)20 7421 7447.

## The Experienced Practitioner Route (EPR)

This scheme provides experienced mediators a direct entry into CI Arb membership at Fellow grade.

### Criteria for Experience Practitioner Route (Mediation Pathway)

Applicants must demonstrate the following:

- A knowledge of law of obligations, evidenced at first degree level or recognised equivalent; or an understanding of law relevant to mediation practice or recognised equivalent.
- A minimum of ten (10) years' experience in mediation (in a lead or sole mediator capacity) with first-hand involvement in settlement agreements, the management of proceedings and attending hearings which have resulted in the publication of an agreement or decision.
- Experience of writing Mediation Agreements; Heads of Agreement and/or Memoranda of Understanding.

### Application requirements (Mandatory)

To apply, please submit this application form along with:

- A schedule of appointments undertaken in the last ten (10) years, detailing your mediation experience. Please include in which capacity you held the appointment; i.e. counsel, sole mediator or lead mediator.
- Four (4) copies of mediation agreements you have written or produced as sole mediator; or co-mediated as the lead mediator; within the past five (5) years. These must be redacted.
- A current CV/Resume.

- Letters of reference from two (2) CI Arb Fellows or equivalent grade; i.e. a Supervisor or a Professional Practice Consultant from another accrediting or appointing body may be sought.
- They should be individuals who have firsthand experience of you in the role of dispute resolver, party representative or mediator. They may also be individuals who have appeared before you whilst acting as a dispute resolver party representative or co-mediator. Referees must submit their reference on business headed paper, or email from a business address which includes their business signature. Referees should not come from the same organization.

### List of supporting evidence of experience for civil and commercial mediation (Non-mandatory)

Candidates may choose to include additional evidence of their experience, from the list of examples below:

- Agreements
- Heads of Agreement
- Memorandum of understanding
- Open statement of financial information
- Publication in relevant journals of 7000 words or more
- Conference paper
- Evidence of training delivered

### Please note

All documents must be submitted in English (or with English translation).

## Part A: Personal details

CI Arb membership no:

Title:                                      Mr                      Mrs                      Miss                      Ms                      Other (please specify)

First/given name:

Family name (surname):

Gender:                                      Male                      Female

Date of birth:

Nationality:

First language:

Other languages you speak fluently:

## Contact details

Address:                                      This will be your mailing and billing address. It will also dictate your annual subscription rate and branch allocation. Once admitted into membership, you may update where you have your correspondence sent to, through your online profile.

Line 1:

Line 2:

Line 3:

Town/city:

County/state:

Postcode/zip:

Country of residence:

Email address:

Day time telephone (including country code):

Mobile (including country code):

## Proposer and Seconder

References from two (2) Fellows of CIArb who can verify your experiences.

Please note references must be submitted on business headed paper or email from business email address with business signature.

Proposer name:

CIArb membership no. or  
email address:

Seconder name:

CIArb membership no. or  
email address:

## Part B: Eligibility for Fellowship for Mediators

### Knowledge:

- a) Summarise your knowledge of law of obligation (contract and tort).  
**Please submit on a separate sheet mark as Appendix Part B – KA**
- b) Summarise your knowledge of the law of mediation.  
**Please submit on a separate sheet mark as Appendix Part B - KB**
- c) Summarise your knowledge of the process, practice, and procedure of mediation.  
**Please submit on a separate sheet mark as Appendix Part B – KC**
- d) Summarise your knowledge of writing of an enforceable and reasoned mediation agreement.  
**Please submit on a separate sheet mark as Appendix Part B – KD**

---

### Experience:

- a) Describe your Mediation experience.  
**Please submit on a separate sheet mark as Appendix Part B – EA**
- b) Please attach a schedule of appointments undertaken in the last ten (10) years with details of the Mediation practice. Please include in which capacity, i.e. counsel, sole mediator or lead mediator; the year of the appointment, the case brief, the case value and the outcome/decision.  
**Please submit on a separate sheet mark as Appendix Part B - EB**
- c) Please attached four (4) copies of agreements or decisions you have written as a mediator in the past five (5) years. These must be redacted.  
**Please submit on a separate sheet mark as Appendix Part B – EC**
- d) Please give details of any other mediation experience (e.g. as a court judge handling and hearing substantial commercial mediation or civil disputes involving mediation or as an author of authoritative text(s) on mediation.  
**Please submit on a separate sheet mark as Appendix Part B – ED**
- e) Please attach additional evidence of experience. Please refer to the list of additional supporting evidence accepted. This is a non-mandatory requirement.  
**Please submit on a separate sheet mark as Appendix Part B – EE**

## Part C: Prior conduct

This information is held in confidence. Applications will be judged on an individual basis. Answering **YES** to any of these questions will not automatically exclude you from membership.

Have you ever been expelled from or disciplined/reprimanded by a regulatory or professional body?

Yes (If yes, please specify details below)

No

Has an application for a bankruptcy order ever been made against you or has a company of which you were a director, ever gone into compulsory or voluntary liquidation on grounds of insolvency?

Yes (If yes, please specify details below)

No

Are there any outstanding judgements against you?

Yes (If yes, please specify details below)

No

Have you ever been convicted of any offence in any court (other than a motoring offence not resulting in disqualification)? Convictions which are spent under the Rehabilitation of Offenders Act 1974 need not be disclosed.

Yes (If yes, please specify details below)

No

If the answer is yes to any question in Part D, please give details here.

## Part D: Declarations

I hereby apply for membership of the Chartered Institute of Arbitrators. If admitted, I agree to comply with the Code of Professional and Ethical Conduct, the Royal Charter and Bye-Laws (including Schedules and by any subsequent amendments and/or alterations that may be made) and by regulations made or to be made for carrying them into effect.

I declare that to the best of my knowledge, the information given on this form is correct. I understand and agree that if I make any false statements, submit false information or fail to disclose information requested in this application, I will be subject to disciplinary action to the constitutional documents and code of ethics, as amended from time to time.

On admittance, I request that you issue me a Membership Certificate. I agree that the certificate will remain the property of the Institute and will undertake to return it if I cease to be a member. I understand that I will be required to return my Certificate of membership on cessation of membership (Bye-Law 11.4) and may no longer use the post nominal designatory letters, as only members who have paid their annual subscription are entitled to the Ordinary privileges of members (Bye-Law 9.11 and Regulation 19).

Upon becoming a member of CI Arb I will be allocated to your nearest Branch office which may mean that my data will be transferred outside of the EEA, if my Branch falls outside that area. In accordance with the Data Protection Act 1998, I give consent to CI Arb to process my personal data and where applicable I consent to my data being transferred outside of the EEA in order that my membership records may be properly administered.

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

*Insert image of signature here*

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

## Part E: Data protection

CI Arb may use your personal data provided on this form for the purpose of membership administration, sending you publications and other communications, responding to enquiries and investigating complaints, and complying with our regulatory obligations. Once approved as a member you can update your information through your **My CI Arb** account at any time. CI Arb may share information with our suppliers and our auditors and with your other professional associations (if any). Please note that for individuals based outside the UK, your information will be held in CI Arb's main information systems which are located in the UK and may be accessed by CI Arb's local branch in your country of residence. CI Arb processes information within the UK but may also transfer data outside of the UK as part of its operations and service delivery. For more information please see our privacy notice (<https://www.ciarb.org/media/2161/ciarb-data-privacy-notice-may-2018.pdf>)

CI Arb publishes an online public directory of members. Do you consent to your name, country of residence and grade being included?

Yes (If yes, please specify details below)

No

## Part F: Administration

Please submit this application, together with all supporting documentation via email to [memberservices@ciarb.org](mailto:memberservices@ciarb.org).

Once submitted please allow five (5) working days for us to review your application. An invoice will be raised and you will be required to make payment within fourteen (14) working day for us to progress your application to peer review stage. We will provide you with the payment options.

Experience Practitioner Route Application Fee: £240

CI Arb Member: On successful completion of EPR, you will be charged the difference between your current member grade and the fellow grade subscription fee, charged pro rata.

Non CI Arb Member: You will be charged the one off £90 admission fee for new joiners, in addition to the annual subscription fee, charged pro rata.

\*Please see current subscription rates on our website at [www.ciarb.org](http://www.ciarb.org). Please note that all subscription payments should be made in Pound Sterling. For payment in currencies other than Sterling the equivalent of £15.00 must be added to your subscription rate to cover bank charges.

## Checklist

Please check to ensure the following have been carried out before the form is sent to CI Arb, otherwise it may delay your application:

All sections of this form completed, signed, and dated.

Copies of relevant certificates and other documentation, labelled with the relevant appendix number (see part B).

A copy of your CV/Resume.

References from two (2) CI Arb Fellows or equivalent grade, i.e. Supervisor or Professional Practice Consultant from another accrediting or appointing body, who can verify your experience. References must be submitted on business headed paper or emailed from a business address with business signature.

A schedule of appointments undertaken in the last ten (10) years as a mediation practitioner.

Copies of four (4) agreements or decisions you have written as a sole mediator or lead mediator.