## ciarb

# Panel of Experienced Civil and Commercial Mediators Interview Registration Form

Please complete all sections and return your completed form by email to <a href="mailto:memberservices@ciarb.org">memberservices@ciarb.org</a> and and a coing <a href="mailto:das@ciarb.org">das@ciarb.org</a>

#### Questions?

If you have any enquiries regarding this form, please call the Member Services on + 44 (0)20 7421 7447 or Dispute Appointment Service (DAS) on +44 (0)20 7421 7455

A. Personal Details	
Surname:	
First name:	
Membership no.	
Title:	Suffix:
Address:	
Country:	Postcode:
Telephone:	
Email:	
B. Panel of Experienced Civil and Commercial Mediators F	Requirements
Please tick the appropriate box(s) to indicate that you me	et each of the criteria for admission on the Panel.
Mediation accreditation in one of the following:	
Chartered Institute of Arbitrators (Ciarb)	Date (d/m/y):
CEDR	Date (d/m/y):
Academy of Experts	Date (d/m/y):
ADR Group	Date (d/m/y):
Global Mediation Services	Date (d/m/y):
Core Mediation	Date (d/m/y):

Detailed understanding of the process of mediation and of the law relevant to mediation and the practical application of both including the duties, powers and obligations of a mediator.

Suitable experience as a lead mediator in at least three mediations following a programme of mentored experience.

Ability to manage the mediation process effectively.

Fulfilled CPD requirements in past three years.

#### C. Attachments

Please ensure you attach the following documents in triplicate.

Membership number.

Schedule of experience as lead mediator in at least three mediations following mentored experience.

Mediation accreditation certificate.

Three written references from parties orlegal advisers in mediations undertaken.

Acurrent Curriculum Vitae.

Aschedule of CPD activities undertaken overthe past three years.

#### D. Fee payment (£240 - VAT inclusive) and payment methods

Once you have submitted your application and received approval from Ciarb, you can make your payment choosing one the following methods:

Option one: Log into MyClArb and go to the section "Payments". Here, you will see your invoice and you can insert your card details.

Option two: Please telephone our Finance Department on +44 (0)20 7421 7429 and have your card to hand. We accept MasterCard,Visa or American Express.

**Option three:** If you wish to pay by bank transfer, please ensure that your membership number is provided as a reference. All payments made by bank transfer should be made in Pounds Sterling. For payments in currencies other than Sterling, the equivalent of £15.00 must be added to your payment to cover bank charges.

#### Ciarb bank details:

Bank: HSBC Bank, 31 Holborn, London, ECIN 2HR England

**Sort code:** 40 05 03

Account number: 31288784

International Bank Account number (IBAN): GB75HBUK40050331288784

Branch Identifier Code: HBUKGB4B

Note: Please do not send cash to Ciarb by post.

### E. Applicant's signature

I certify that the information provided is accurate to the best of my knowledge.		
Signature:	Or tick here to agree:	
Insert image of your signature here		
Print name:		
Date (dd/md/yy):		
Checklist		
Please check to ensure the following have been carried out before the form is	s sent to Ciarb:	
All sections of the form have been completed.		
You have complied with the criteria.		
You have provided the relevant supporting documentation.		
You have signed and dated the form.		



