



Panel of Experienced Civil and Commercial Mediators Interview Registration Form

Please complete all sections and return your completed form by email to memberservices@ciarb.org and ccing das@ciarb.org

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 Requirements

Please tick the appropriate box(s) to indicate that you meet each of the criteria for admission on the Panel.

Admitted as Fellow (Mediation) of Ciarb

Date (dd/mm/yyyy):

Mediation accreditation in one of the following:

Chartered Institute of Arbitrators (Ciarb)

Date (dd/mm/yyyy):

CEDR

Date (dd/mm/yyyy):

Academy of Experts

Date (dd/mm/yyyy):

ADR Group

Date (dd/mm/yyyy):

Global Mediation Services

Date (dd/mm/yyyy):

Core Mediation

Date (dd/mm/yyyy):

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:

A copy of the Fellowship certificate/membership number.

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

Mediation accreditation certificate.

Three written references from parties or legal advisers in mediations undertaken.

A current Curriculum Vitae.

A schedule of CPD activities undertaken over the past three years.

D. Fee payment (£264 – 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 [MyCiArb](#) 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, EC1N 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: _____

Insert image of your signature here

Or tick here to agree:

Print name:

Date (dd/mm/yyyy):

Checklist

Please check to ensure the following have been carried out before the form is 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.