

**32 HOUR MEDIATION (SEPARATING COUPLES) TRAINING PROGRAMME 2024**

**APPLICATION FORM**

Thank you for your interest in training with us. Please email your completed Signed Application Form to [training@familymediationni.org.uk](mailto:training@familymediationni.org.uk) by

31 July 2024

**Please note all information will be held in accordance with current GDPR regulations . ( late applications will not be assessed)**

**IMPORTANT: PLEASE READ THE 32 HOUR MEDIATION (SEPARATING COUPLES) TRAINING PROGRAMME 2024 COURSE AND APPLICATION GUIDE CAREFULLY BEFORE COMPLETING THIS FORM.**

|  |  |
| --- | --- |
| **CONTACT DETAILS** | |
| Name |  |
| Home Address  *incl. postcode* |  |
| Contact Number |  |
| Email Address |  |
| Place of Work |  |
| Work Address |  |

|  |
| --- |
| **DECLARATION** |
| I confirm that I am able to attend all 6 days of the Training Programme and I understand that I will not be issued a Certificate of Completion unless I have been in full attendance and have successfully completed the training assessment.  I confirm that to the best of my knowledge the information I have provided is correct.  **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Please state if you have any specific requirements (e.g. dietary, access requirements/disability etc) that we need to be aware of:** |

|  |
| --- |
| **ACADEMIC QUALIFICATIONS & DATES** *(Starting with most recent)* |
|  |

|  |  |
| --- | --- |
| **PROFESSIONAL or PERSONAL QUALIFICATIONS & DATES** *(Starting with most recent)* | |
|  | |
| **EMPLOYMENT HISTORY** (starting with most recent) | |
| **Date** | **Position Held** |
|  |  |
| **PLEASE DEMONSTRATE HOW YOU MEET THE REQUIREMENTS OF THE PERSON SPECIFICATION** | |
| **Personal Qualities** | |
|  | |

|  |
| --- |
| **Interpersonal Skills** |
|  |

|  |
| --- |
| **Intellectual Capacity** |
|  |

|  |
| --- |
| **Professional Ethical Behaviour** |
|  |

|  |
| --- |
| **Practical Skills** |
|  |

|  |
| --- |
| **The training is designed to be participative and includes a substantial focus on skills development through role play and simulated exercises. Please comment on your own learning style.** |
|  |

|  |
| --- |
| **What prompted you to seek training as a family mediator?** |
|  |

|  |
| --- |
| **What other information, if any, do you feel is relevant to your application?** |
|  |

|  |  |
| --- | --- |
| **REFERENCES** | |
| Please provide the details requested below for your two references. It is your responsibility to ensure that your referees are available to provide their references within the required timeframe. If you have been shortlisted, you will be notified on or as soon as possible. | |
| **Reference 1** | **Reference 2** |
| Name:  Occupation:  Telephone:  Employer: | Name:  Occupation:  Telephone:  Please state if Work Colleague, Friend or Other: |