

ASSOCIATION OF SOUTH WEST MEDIATORS
CIVIL AND COMMERCIAL FACULTY REGULATIONS

REGULATIONS

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APPENDIX A RECENT EXPERIENCE FORM (Civil & Commercial)

The Association of South West Mediators

The purpose of this form is as follows:

1. To enable ASWM to play a constructive part in the development of its members as mediators by providing them with appropriate opportunity – perhaps as assistant mediators- whenever ASWM is able to do so.
2. To assess whether a member has sufficient recent experience for inclusion of the Association's mediation panel.
3. The form should be periodically updated as experience is gained

Name					
Address and contact details					
Accredited by:		Date:		CPD Status	
Whether Registered as a Practicing Mediator with an Accrediting Body (State which)				Sector Preferences & any other comments you wish to add	

Mediation experience

Try to restrict descriptions to a few sentences but include sector, amount and time. It is suggested up to three cases are included.

Date of Mediation and Role (i.e. Mediator, Assistant Mediator, Party advocate)				Referral from	
Brief Description of Dispute (including amounts if applicable), without the names of the parties.					
Length of mediation (Hrs)		Result			
Any other comments					

Date of Mediation and Role (i.e. Mediator, Assistant Mediator, Party advocate)				Referral from	
Brief Description of Dispute (including amounts if applicable), without the names of the parties.					
Length of mediation (Hrs)		Result			
Any other comments					

Date of Mediation and Role (i.e. Mediator, Assistant Mediator, Party advocate)				Referral from	
Brief Description of Dispute (including amounts if applicable), without the names of the parties.					
Length of mediation (Hrs)		Result			
Any other comments					

Total number of mediations performed			
Results of mediations .	Settled	Not settled	Other result

Any other comments	
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**APPENDIX D APPLICATION FOR MEMBERSHIP – CIVIL AND COMMERCIAL FACULTY
(INCLUDING RENEWALS)**

**ASSOCIATION OF SOUTH WEST MEDIATORS
APPLICATION FOR MEMBERSHIP – CIVIL AND COMMERCIAL FACULTY
(INCLUDING RENEWALS)**

Complete in BLOCK CAPITALS or type and attach a copy of your full CV, other supporting documents required and a cheque for the appropriate sum.

Full name:

Address:

.....

Post Code:DX No: (if appropriate)

E-mail:.....

Web site:

Tel:(B) (H) (M) Fax:

Date of Birth Occupation:

Current Job Title and areas of responsibility

.....

Professional and Academic Qualifications:

.....

Membership

I wish to apply for the following class of membership:- Pupil Member.....
Mediator Member with Panel Membership (Civil and Commercial)

Accreditation

I have been accredited by

I attach a copy of my Accreditation Certificate issued by

[Applicants also applying to become a Panel Member (Civil and Commercial) of the Association must have been accredited by an organisation recognised by the Civil Mediation Council.]

Dispute Resolution Experience

Summary of experience:

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Applicants applying to become a Panel Member shall complete the following section.

Have you completed post accreditation assessment with your training provider entitling you to hold yourself out as a Panel Mediator with the organisation or otherwise as a Lead Mediator trained by them?
Panel Member Lead Mediator (if no panel).....

Attach a copy of any certificate issued or letter of confirmation

Experience:

How many civil/commercial mediations have you completed as Lead Mediator?.....

How many civil/commercial mediations have you completed as Solicitor Advocate?.....

How were you appointed?
By an accredited Mediation Provider.....Direct..... Others

You can use the 'Others' section for appointments from private providers, trade panels or court schemes.
Please give brief details:

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During these mediations have any complaints been made to the organisation that either appointed or trained you? Set out very briefly the nature of the complaint and the response.

Continue on a separate piece of paper if there is insufficient room.

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Have you been involved in Community or Family Mediations as Lead Mediator? Yes/No
Briefly summarise your experience in Community or Family Mediations noting the training you have done
and the panels you are currently on

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Have you also acted as Arbitrator? Adjudicator? Conciliator?
Briefly set out the details of arbitration, adjudication or conciliation panels you are listed on
e.g. CI Arb etc

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Pupillage:

Applicants who have completed their accreditation but have not yet completed pupillage or completed the
required post accrediting requirements of the organisation that trained them, should answer the following
questions.

Have you done pupillage training Yes/No
Has your training included pupillage or co-mediating with another mediator?..... Yes/No
Would you like the Faculty to assist in securing you pupillage experience? Yes/No

*Note: You must advise the Faculty when you have been registered as a Lead Mediator with the organisation that trained
you. Once training is complete you must send the Faculty a copy of the certificate that confirms that your training is
completed and you are registered with that body as a Lead Mediator.*

Lead Mediators:

Applicants who are already registered as a Lead Mediator with their accrediting organisation should answer
the following questions.

Does the organisation that accredited you require CPD to be undertaken as a condition of maintaining
accreditation Yes/No

*If yes, please attach a copy of your latest CPD records sent to the accrediting organisation or relevant pages
from your logbook.*

If no, please note that CPD is a requirement of the Association for all accredited mediators and that CPD
requirements will be advised to you on confirmation of your membership.

Would you like the Association to assist in securing you pupillage mentoring experience as part of your
CPD? Yes/No

Would you like the Association to arrange training and networking opportunities with other mediators as part
of your CPD? Yes/No

Professional Indemnity Insurance

It is a requirement of all mediators practising as Panel Members to comply with the minimum requirements
for Professional Indemnity Insurance cover identified by the Civil Mediation Council. This is currently
£1,000,000.

Please confirm that you hold PI insurance of at least the above to cover your acting as a Mediator in civil
and commercial mediations, and that you undertake only to take on mediations that come within the scope
of your cover Yes/No

The Association requires that you **produce evidence of that cover**. This can be a certificate of insurance or
cover note or confirmation from your firm/employer that you are covered to the minimum level

Specialisms

Whilst specialisms are not a requirement for a good all round mediator, it is helpful for users of the
Association to be able to access basic information over and above your profession.
Insert here not more than 8 keywords words e.g. "employment, professional negligence, intellectual
property, construction etc", you would wish to see against your entry.

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Adherence to EU Code of Conduct for Mediators

By applying to join the Association and, if accepted as a member, you agree to be bound both by the terms and conditions of its constitution and to the European Code of Conduct for Mediators 2004. By signing this application you agree to accept such monitoring and evaluation of mediations carried out by you as the Association may from time to time require. You also agree to maintain a log book of mediations, provide the parties with feedback forms and include within your terms and conditions details of the Association's complaints procedure.

Mentoring Scheme

Applicants who become Panel Members will be expected to participate in and actively encourage use of the Mentoring Scheme run by the Faculty, details of which are included in the Practice Manual.

Data Protection

Applicants acknowledge and accept that the Association may process their personal data for the purposes and business of the Association as set out in the Memorandum, Articles of Association, and the Practice Manual of the Association. Any processing will comply with the requirements of the Data Protection Act 1998.

I confirm my agreement to the terms evidenced above

Signed: Date:

Name (Block Capitals)