

Name

FOUNDATION 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 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 FOUNDATION TRAINING PROGRAMME 2024 COURSE AND APPLICATION GUIDE CAREFULLY BEFORE COMPLETING THIS FORM.

CONTACT DETAILS

Home Address				
incl. postcode				
Contact Number				
Email Address				
Place of Work				
Work Address				
	DECLARATION			
	ble to attend all 12 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.				
1 commit that to the best of my knowledge the information mave 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:		
that we need to be aware of:		
ACADEMIC QUALIFICATIONS & DATES (Starting with most recent)		
DDOEESSIONAL OF DEDSONAL OHALISICATIONS & 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		

Internersenal Skills	
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?				
L				
What other information, if any, do you feel is relev	ant to your application?			
	references. It is your responsibility to ensure that your			
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 Name:	Reference 2 Name:			
Occupation:	ivaine.			
I OCCUDATION.	Occupation:			
Telephone:	Occupation: Telephone:			