

Applicants are advised to refer to the “Rules for Accreditation of Mediators” which can be accessed via “[Accredited Professionals](#)” on this site.

### APPLICATION TO BE ACCREDITED AS A MEDIATOR

To:  
The Secretary General of the International ADR Centre,  
Sri Lanka.

#### PERSONAL INFORMATION

Name : .....

Address :  
.....

National Identity Card No. ....

Contact details:

Mobile telephon number/s : .....

Email address : .....

Profession : .....

Current employment : .....

A brief account of current engagements :  
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#### ELIGIBILITY

I. Name of the internationally recognized Institution at which you completed training as a mediator and the title of the course followed :

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*(please attach a copy of the course curriculum and a certified copy of the results of the Evaluation from this Institution)*

2. Details of how the knowledge of techniques and skills and the experience as a mediator has been maintained: *Please submit the information requested in cages 2.1, 2.2 and 2.3 and attach relevant documents.*

2.1 Details of Training programme/s followed in the immediately preceding 12 months:

<b>Name of Institution conducting the programme</b>	<b>Title of the programme</b>	<b>Dates of the programme</b>	<b>Result of Evaluation</b>

2.2 Number of disputes mediated within the past 12 months :

<b>Name of Center that administered the mediation</b>	<b>Number of disputes mediated</b>	<b>Dates of the mediation</b>

2.3 Details of any refresher programmes conducted by the IADRC that were followed:

<b>Title of the refresher programme</b>	<b>Dates of the programme</b>	<b>Result of Evaluation</b>

3. Knowledge of the Code of Conduct of the IADRC for Mediators:

I have read and understood the provisions of the Code of Conduct and the obligations of the mediator in terms of the Code and I confirm my willingness to abide by the Code, in the event that I am granted accreditation

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Signature of Applicant

4. Knowledge of the Mediation Rules of the IADRC:

I have read and understood the IADRC mediation Rules and confirm my willingness to abide by the Rules, in the event that I am granted accreditation.

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Signature of Applicant

**CERTIFICATION**

I hereby certify that the information set out above is true and accurate.

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Signature of Applicant

Date .....