

**APPLICATION FOR ACCREDITATION FOR MEMBERSHIP OF
THE HKIS/HKIA JOINT PANEL OF MEDIATORS**

Personal Information:

Name: Mr/Ms/Miss/Mrs* _____ Chinese Name: _____

Date of Birth: _____ Nationality: _____

Membership No.: HKIS/HKIA* _____

Date of qualification as a professional member of HKIS/HKIA: _____

Firm/Company: _____

Position: _____

Correspondence address: _____

Telephone No.: _____ Fax No.: _____

E-mail address: _____

Language capable of being used in mediation

Spoken: _____ Written: _____

Professional and academic qualifications (please state year in which the qualification was obtained):

Brief employment history (please state the year of your employment/practice):

**Relevant Training and Experience in Mediation:
(Please submit documents in support)**

Please list below the mediation related training course(s) you have attended:

<u>Course</u>	<u>Date of attendance</u>	<u>Duration of course</u>
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Please list below the mediation related assessments you have passed:

<u>Assessing Body</u>	<u>Date of assessment</u>	<u>Result of Assessment</u>
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Experience as a mediator/co-mediator:

<u>Date of Mediation hearing</u>	<u>Nature of Dispute (e.g. construction contract)</u>	<u>Disputing amount (HK\$)</u>	<u>Settlement (yes or no)</u>
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Experience related to mediation other than as mediator:

Note:

1. Please print in filling in this form.
2. If there is insufficient space provided, please provide the details on separate paper.
3. Please put in N/A if any section is not applicable for your case.
4. Upon satisfying the requirement for accreditation for membership of the HKIS/HKIA Joint Panel of Mediators (“the Panel”), which is: satisfactory completion of a recognized mediation training course plus satisfactory results in 2 recognized simulated mediation assessments and at least 7 years post-qualification experience as HKIS/HKIA professional member, or equivalent, and payment of administration fee, an applicant will be included onto the Panel.
5. For the purpose of those members who attended the mediator training course organized by HKIS/HKIA and conducted by the Accord Group in March, 2004, only the assessments conducted by the HKIAC during the period of 21st to 24th March, 2004 are recognized.
6. Applicants are drawn to the attention of the following pursuant to the Personal Data (Privacy) Ordinance:
 - (1) the personal data provided in this application form and the information in support will be used solely for the purpose of assessment for accreditation as a mediator on the Panel and will be dealt with by staff of HKIS/HKIA and the relevant handling committee members.
 - (2) after the procedure for the above assessment has been completed, the application forms will be retained by the HKIS/HKIA for so long as it is appropriate.
 - (3) applicants have the right to request access to an request for the correction of their personal data retained by the HKIS/HKIA.

Declaration:

1. I have read and agreed to the above notice concerning personal data.
2. I authorize the HKIS/HKIA, its staff employees and members of the relevant committees to deal with use and assess the data submitted by me for purposes in connection with my application herein.
3. I acknowledge and agree that my personal data will be retained by the HKIS/HKIA and be used for any purpose deemed appropriate by the HKIS/HKIA.
4. I declare that the information provided in this form and the information submitted in support of this application are accurate true and complete. I acknowledge that any misrepresentation will lead to disqualification of my application and the revocation of my accreditation as a mediator of the HKIS/HKIA Joint Panel of Mediators.

5. I confirm that I will abide by the Code of Conduct and Practice Notes as may be published from time to time by the HKIS/HKIA.
6. I agree that any information contained in this information may be disclosed by HKIS/HKIA for purposes in connection with assessment recommendation nomination or appointment of mediators.
7. I agree to abide by any requirement in relation to continuous professional development as may be published from time to time by the HKIS/HKIA for members on the Panel, failing which the accreditation may be revoked.

Signature: _____ Name: _____

Date: _____

* delete as appropriate.