**Mediator Amended Details Form**

**Return this form only if any the details we hold for you on the FMC register have changed or are incorrect. Only complete the boxes for**

**information that has changed or needs correcting.**

Name (currently on register):

URN:

**Change of Name**

|  |  |
| --- | --- |
| Title | Miss / Mr / Mrs / Ms / Dr / Prof  *(Please delete as appropriate)* |
| Last Name |  |
| First Name |  |

**Change of Membership Organisation or Additional Professional Information**

|  |  |
| --- | --- |
| Membership organisation | ADRg  College of Mediators  FMA  The Law Society  NFM  Resolution  *(Please delete as appropriate)* |
| Do you have, or work for a service which has, a Legal Aid franchise? | Yes / No  *(Please delete as appropriate)* |
| Are you qualified to carry out direct consultation with children?  \*If yes, please send a scanned copy of your certificate with the re-registration form. | Yes / No  *(Please delete as appropriate)* |
| Are you a PPC?  \*If yes, please send a scanned copy of your certificate with the re-registration form. | Yes / No  *(Please delete as appropriate)* |
| You own PPC’s Name\* |  |
| Your PPC’s URN\* |  |

**NB** If you have changed PPC, your new and former PPCs should have communicated about that change, to include, at the very least, the reason(s) for it.

**Change of Private Contact Details**

You must supply us with one contact address, phone number and e-mail for the purposes of verification and to allow us to communicate with you. However, unless you choose to use your practice information (and therefore repeat here that which is listed below) for this, it will not be made public.

|  |  |
| --- | --- |
| Email address |  |
| Telephone number |  |
| Address | Address Line 1:  Address Line 2:  Town:  Postcode: |

**Change of Practice Information**

This information will be made available to the public. Please provide details of all those practices you actually practise from. This is to ensure that the public can find all the mediators working within a 15 mile radius of their home address, and to help people who need to use a family mediation service to contact you.

|  |  |
| --- | --- |
| Name of practice |  |
| Address | Address Line 1:  Address Line 2:  Town:  Postcode: |
| Telephone number |  |
| E-mail address |  |
| Website |  |

|  |  |
| --- | --- |
| Name of practice |  |
| Address | Address Line 1:  Address Line 2:  Town:  Postcode: |
| Telephone number |  |
| E-mail address |  |
| Website |  |

|  |  |
| --- | --- |
| Name of practice |  |
| Address | Address Line 1:  Address Line 2:  Town:  Postcode: |
| Telephone number |  |
| E-mail address |  |
| Website |  |

|  |  |
| --- | --- |
| Name of practice |  |
| Address | Address Line 1:  Address Line 2:  Town:  Postcode: |
| Telephone number |  |
| E-mail address |  |
| Website |  |

|  |  |
| --- | --- |
| Name of practice |  |
| Address | Address Line 1:  Address Line 2:  Town:  Postcode: |
| Telephone number |  |
| E-mail address |  |
| Website |  |