**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 (see *2020 Registration Guidance Notes*) | 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 Child Inclusive Mediation? \*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. This will not be made public (unless you choose to duplicate it in the Practice Details below).

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

**Practice Information To Be Removed**

Please list any practice information that is currently listed on the FMC Register, that you would like to be removed. (Copy and paste the table below if you would like details of more than one practice to be removed).

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

**Practice Information To Be Added**

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. (Copy and paste the table below if you would like details of more than one practice to be added).

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