**Mediator Registration Form -**

**First Registration with the FMC**

If you have completed a family mediation foundation training course and wish to register with the FMC as working towards accreditation, please complete this form and pay your registration fee, which covers the remainder of the calendar year.

Before doing so, please read the accompanying information sheet about registering with the FMC.

Once you have completed this form and saved it please return it with scanned copies of relevant certificates to [register@familymediationcouncil.org.uk](mailto:register@familymediationcouncil.org.uk), and pay the £60 fee.

Please pay online using the following details, recording your name in the reference box.

Account name: Family Mediation Council

Account number: 21649388

Sort Code: 40-24-13

***If you do not record your name in the reference box your registration may be delayed.***

**Section 1 – Name and Professional Information**

This information will be made available to the public.

|  |  |
| --- | --- |
| Title | Miss / Mr / Mrs / Ms / Dr / Prof  *(Please delete as appropriate)* |
| Last Name |  |
| First Name |  |
| Membership organisation | College of Mediators  FMA  NFM  Resolution  *(Please delete as appropriate)* |
| The date you successfully passed your training course\* | Date (dd/mm/yy): |
| Who you carried out your training with \* |  |
| You PPC’s Name |  |
| Your PPC’s URN |  |
| The names of any other PPCs you have had in the previous 12 months. |  |

**\*** Please send a scanned copy of you certificate showing this together with your completed application form.

**Section 2 - Practice Information**

This information will be made available to the public. Please provide details of all those practices and addresses you actually practice from. This is to ensure that the public can find all the mediators practising 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 |  |

If you need to list more than one practice, please use the Supplementary Practice Form and return this along with the completed Registration form.

**Section 3 - 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 for this (and therefore repeat that listed above), it will not be made public.

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

The FMC (including FMSB) will use your private contact details to send you information about registration, accreditation and standards.

a) Would you like to also receive newsletters and other updates about the FMC and FMSB’s work?

*Please delete as appropriate* Yes/No

b) Would you also be interested in hearing about volunteering opportunities with the FMC?

*Please delete as appropriate* Yes/No

**Section 4 - Declaration**

1. I certify that I am working towards FMCA in accordance with the FMC Manual of Professional Standards and Self-Regulatory Framework.
2. I certify that the information I have provided on this form is correct.
3. I confirm that payment of £60.00 by BACS on from an account in the name of . .

**Name:**

**Date:**