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**Renewal of Accreditation**

To apply to renew FMCA status for a further three years complete this form and return it to [fmsb@familymediationcouncil.org.uk](mailto:fmsb@familymediationcouncil.org.uk) by the date stated in your re-accreditation e-mail.

Incorrectly completed forms will be returned to the mediator to whom the application relates, copied to that mediator’s registered PPC, for the mediator to complete the form correctly.

**PLEASE NOTE:**

* **You must read the** [**Guidance**](https://www.familymediationcouncil.org.uk/wp-content/uploads/2022/12/Renewal-of-Accreditation-Guidance-v3-FINAL.pdf) **before completing this form and confirm you have done so. This will save time in the long run and will reduce the chance of your form being returned.**
* The information that you include on this application form must relate to the period **since your last accreditation or re-accreditation, and up to your re-accreditation date. In most cases this is three years.**
* **All Mediators** renewing their accreditationneed to include details that relate to their core mediation practice **and** **sign the declaration** at Section E.
* Mediators who are qualified to see children in mediation (CIM) and wish to renew this status need to include details relating to this.
* Mediators who are also PPCs and wish to renew this status need to include details relating to this.
* **Your PPC** needs to complete Section F including **signing the declaration.**
* Please avoid using acronyms (except for CPD, PPC, CIM and the names of FMC member organisations) because the form will be processed by someone who is not necessarily familiar with the same terms that you are.

**Name:**

**URN:**

**Date of last accreditation or re-accreditation:**

**I confirm I have read the guidance before completing this form:**

**Section A – CPD**

Mediators need to demonstrate they have covered six different areas, across each three-year period. PPCs and child inclusive mediators also need to carry out PPC and CIM specific CPD. Please confirm whether your CPD has included these areas, and use the codes below when entering details of your CPD.

|  |  |  |
| --- | --- | --- |
| **Areas required to be covered by CPD activities** | **\*Code to put into ‘Area covered’ column for relevant activities** | **Confirm topic included - Y or N** |
| Changes in family law | **1** |  |
| Changes in pensions, benefits and personal taxation | **2** |  |
| Developments in family mediation practice and theory | **3** |  |
| Safeguarding knowledge and skills, to include domestic and child abuse | **4** |  |
| Developments in children’s issues, the impact of parental conflict, available resources and support services | **5** |  |
| Issues of diversity & inclusivity | **6** |  |
| [Compulsory for CIM qualified mediators only] Child Inclusive Mediation | **7** |  |
| [PPCs only] Supervision theory and practice | **8a** |  |
| * 1. [PPCs only] Understanding the FMC standards framework | **8b** |  |
| * 1. [PPCs only] Supporting consultees in practice | **8c** |  |
| * 1. [PPCs only] Supporting consultees in particular areas e.g. CIM, portfolio building, legal aid contracts, where relevant | **8d** |  |
| Other | **9** |  |

**NB Please note that activities cannot be double counted. If a day’s conference covered several areas, break them down in to those areas and the hours they each covered.**

[The rows will expand as you type into them. To add a new row below, use the ‘tab’ key at the end of the row]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Who provided the training** (e.g., name of course provider or publisher) and **what type of training was it** (e.g., webinar, reading, in person training course)**?** | **What training did you do** (e.g., name of course or publication read)**?** | **Benefits to mediation clients** (e.g.,Essential understanding of MIAMs to carry into the mediation room; Helps me to explain to parents the benefits of meeting with children) | **Area covered\***  (enter code - see above) | **CPD hours** |
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**Total mediation CPD (excluding CIM and PPC training) over 3-year period:** \_\_\_\_\_\_\_\_\_\_ hours

[CIM qualified mediators only] **Total CIM CPD over 3-year period:** \_\_\_\_\_\_\_\_\_\_ hours

[PPCs only] **Total PPC CPD over 3-year period:** \_\_\_\_\_\_\_\_\_\_ hours

**If less than the required number of hours CPD (30 for mediation, 10 for CIM or 15 for PPC) please tick (or type X) here to confirm you have included an explanation and/or action plan)** [ ]

**SECTION B - PPC Support**

|  |  |  |
| --- | --- | --- |
| **Date** | **Number of hours** | |
| **Individual support (in hours)** | **Small group discussion (in hours)** |
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|  |  |  |
|  |  |  |
| **Total** |  |  |

**Total PPC Support over 3-year period:** \_\_\_\_\_\_\_\_\_\_ hours **including total individual support:** \_\_\_\_\_\_\_\_\_\_\_\_ hours

**If less than the required number of hours PPC support (12 hours in total, of which at least 6 must be individual and at least 4 hours each 12-month period) please tick here (or type X) to confirm you have included an explanation and/or action plan)** [ ]

[CIM qualified mediators only] **My primary PPC is CIM qualified: Yes/No**

[CIM qualified mediators only, where primary PPC is not CIM qualified]: **Name of secondary, CIM qualified PPC:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION C - Levels of Practice**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year**  **(i.e. from dd/mm/yy to dd/mm/yy)** | **No of hours family mediation practice** (excluding information and assessment meetings, preparation and recording)  Please state exact number of hours if 15 hours or fewer per year.  If more than 15 hours per year, please state approximate hours. | [PPCs only]  **No of hours acting as a PPC** | [CIM qualified mediators only]  **No of cases involving CIM** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |

**Mediation Practice: If fewer than 15 hours in any one year, tick (or type X) here to confirm you have included an explanation and action plan where appropriate** [ ]

[PPCs only] **If fewer than 12 hours acting as a PPC over the 3-year period – or 4 hours per year since completion of training – tick (or type X) to confirm you have included an explanation and/or action plan** [ ]

[CIM qualified mediators only] **If fewer than three CIM cases have been conducted in the 3-year period, have you attended CIM refresher training and listed it under CPD above? Yes / No**

**SECTION D – Safeguarding**

I confirm I have appropriate safeguarding policies in place to conduct mediation. **Yes / No**

[**CIM qualified mediators only**]I confirm I have appropriate safeguarding policies in place to conduct Child Inclusive Mediation **Yes / No**

**SECTION E – Mediator’s Declaration**

*To be completed by the mediator*

- The above is an accurate record of my continuing development, PPC support and practice hours **Yes / No**

- I remain a member of the FMC member organisation(s) currently noted on the FMC Register **Yes / No**

- [Delete as appropriate]

My levels of activity meet all the Standards requirements for the 3-year period

-OR-

I attach my explanation as to why my levels of activity fall below the required minimum and my proposed action plan to ensure that an acceptable level of competence is maintained, and this has been endorsed by my PPC

- I wish to apply to renew my FMC accreditation. **Yes / No**

- **[CIM Qualified Mediators Only]** I wish to renew my status as a CIM qualified mediator **Yes / No**

- **[PPCs Only]** I wish to renew my status as a PPC **Yes / No**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mediator) **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION F - PPC Endorsement** *To be completed by your PPC*

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **URN:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date from which you have been this mediator’s PPC**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete 1 **and** 2, **deleting as appropriate**:

1. To the best of my knowledge, the above record is a true and fair reflection of this mediator’s development activities, PPC support and hours of practice;

***or***

I do not believe the above record to be a true and fair reflection of this mediator’s development.

***and***

2. There is no reason under the FMC Code of Practice or the rules governing award of FMCA that the mediator should not be re- accredited as far as I am awareand I support the mediator’s application for re-accreditation and, where one is attached, endorse their proposed action plan;

***or***

I am not able to support re-accreditation at this time.

I support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s continued recognition as:

* An FMCA mediator [ ]
* A CIM registered mediator [ ]
* A PPC [ ]

Where your consultee is CIM-registered, please confirm you are, and remain, a CIM-registered mediator [ ]

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PPC) **Date:** ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_