**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.

**All boxes must be completed. Incomplete forms will be returned.**

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 £70 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 |  |
| Last Name |  |
| First Name |  |
| Membership organisation\*  *(Please delete as appropriate)* | College of Mediators  FMA  NFM  Resolution (DR Member) |
| The date you successfully passed your training course\* | Date (dd/mm/yyyy): |
| 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 note that you must enclose confirmation of your membership of an FMC Member Organisation and a copy of your Family Mediation Foundation Training certificate with your application.

**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 |  |
| Do you offer in-person mediation from this address? | Yes/No |

|  |  |
| --- | --- |
| Do you offer online mediation in accordance with FMSB guidance? | Yes/No |

If you offer in-person mediation from more than one address, 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) The FMC sends a monthly newsletter and occasional other updates about important and current issues in the world of family mediation, including marketing opportunities to help you promote your business, changes in government policy and funding opportunities. Would you like to receive these 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 – Good Standing Declaration**

Mediators must complete a declaration of good standing each year. Please see the Good Standing Requirements and details of how to make a declaration here: <https://www.familymediationcouncil.org.uk/good-standing-requirement-2/>

Please **select one** of the following:

|  |  |
| --- | --- |
| I have read the Good Standing Requirements and none of the circumstances which must be declared apply to me. |  |
| I have read the Good Standing Requirements and wish to rely on my membership of a regulatory body recognised by the FMC as evidence of my good standing. | Professional Body:  Membership Number: |
| One of the circumstances set out in the Good Standing Requirements applies to me.\*\* |  |
| I wish to disclose other circumstances that I believe may be relevant to my good standing as a family mediator.\*\* |  |

\*\*If this applies, please provide further details in a separate document and enclose with the application form.

**Section 5 - 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 enclose confirmation (e.g. copy of e-mail or certificate) of my membership of an FMC Membership Organisation.
3. I enclose a copy of my Family Mediation Foundation Training Certificate.
4. I certify that the information I have provided on this form is correct.
5. I confirm that payment of £70.00 by BACS from an account in the name of …..

**Name:**

**Date:**