**Fellow / Associate Mediator Application Form**

For Office Use Only

Mediator No. **\_\_\_\_\_\_\_\_\_\_\_**

Thank you for applying to join the JMHO as fellow / associate mediator. Please email your completed form to [email@jointmediationhelpline.org.hk](mailto:email@jointmediationhelpline.org.hk) or fax to **(852) 2899 2984**

Application: □ Fellow / □ Associate Mediator

**Part 1: Personal Particulars**

Title: □ Mr □ Mrs □ Miss □ Ms □ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in Chinese (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (DD/MM/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Correspondence Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 2: Profession or Occupation**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 3: Qualifications (mediation / academic / professional)**

***Please provide copy of certificates***

|  |  |  |
| --- | --- | --- |
| **Mediation / Academic / Professional Qualifications** | | |
| Name of University/Institutions | Details of Qualification | Date Obtained  (DD/MM/YY) |
|  |  |  |

**Part 4: Mediation Experience**

(Please give details of your experience during the last 5 years (if any) in mediation and other relevant information e.g., as mediator, as mediation advocate, as representative of parties in mediation, mediation conferences/seminars/courses attended, and other conciliation and negotiation experience. Use additional sheet of paper if necessary.)

**Part 5: Nomination**

We, the undersigned, from personal knowledge or careful enquiry, recommend that the applicant is fit and proper for admission as a \*Fellow / Associate mediator of JMHO and propose him/her to the Board of Directors to be admitted into the Fellow/Associate Mediator Panel.

Signature of two proposers (one proposer should be a \*Director, or Fellow/Associate mediator of the JMHO, one proposer should be member of a professional institution). Please complete all details required.

\*Please delete as appropriate

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name in full | Name of Organization | Job Title or Position | Grade of Membership and Institute | Signature |
|  |  |  |  |  |
|  |  |  |  |  |

**Part 6: Declaration**

I, the undersigned, now applying for admission to \***Fellow / Associate** mediator of JMHO, do hereby undertake, in the event of my admission, to abide by the Memorandum and Articles of Association of JMHO, as they now exist, or as they may hereafter be altered, or amended.

*\*Please delete as appropriate*

I acknowledge that as a fellow/associate mediator, I have no voting right.

I further declare that all particulars given in this application are true and correct.

I hereby consent to my personal data provided with this application to be used to send me information on seminars, workshops, conferences, other related activities, as well as other services and benefits provided or endorsed by JMHO /or their supporting organizations.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 7: Personal Information Collection**

Personal information provided will be used only for the purposes of processing the application and communicating with the applicants on matters relating to the admission and/or related events of JMHO.

If you do not wish your personal data to be used for receiving information as stated in the Declaration above, please delete the last paragraph of the Declaration and send a written request not to use your personal data to [email@jointmediationhelpline.org.hk](mailto:email@jointmediationhelpline.org.hk).

**Part 8: Methods of Payment**

|  |  |
| --- | --- |
| Annual subscription: | HK$3,000 (Fellow), HK$2,000 (Associate) |

□ **Bank transfer**

If you wish to pay by bank transfer, please send the copy of the receipt to JMHO by email ([email@jointmediationhelpline.org.hk](mailto:email@jointmediationhelpline.org.hk)) or fax (+852 2899 2984); and quote your name and membership number in the reference.

JMHO Bank Details

|  |  |
| --- | --- |
| Account No: | 808-782569-001 |
| Name: | Joint Mediation Helpline Office |
| Bank: | HSBC |

Unsuccessful applications will be refunded.