ATARAXY

FAMILY MEDIATION TRAINING

Family Mediation Foundation Training Course

Application Form

Course dates

Personal information

Title	First name	Surname	Date of birth
Ms			

Home address

Post code **Email address**

Name and address for invoice if different from above

Post code **Email address**

Contact details

Home tel	
Mobile	
Work tel	
Can we contact you at work?	please select: No

Please answer the following questions:	**YES**	**NO**
1. Are you available to attend **ALL** the Family Mediation Training Programme dates as advertised?	◯	◯
2. Are you available to undertake a minimum of 12 hours' structured distance learning/self-study at the advertised time periods during the course?	◯	◯
3. Are you able to understand and use written and spoken English to Common European Framework of Reference for Languages (CEFR) level C2[1] or equivalent?	◯	◯
4. Do you have any special needs that may affect your ability to learn, undertake assessed tasks/activities and/or fully participate in the programme?	◯	◯
If you have answered **YES** to question 4, please give full details:		

[1] CEFR level C2 – for definition see http://gostudylink.net/en/support/levels

Qualifications and Professional Training

Please give the following information, beginning with the most recent.
Please provide copies of certificates. Continue on a separate sheet if necessary.

Professional Qualifications relevant to this course

Educational establishment, professional or awarding body	Qualification or title of training or subject (e.g. O Level, A Level, GCSE, NVQ, Degree etc)	Level/grade awarded	Year awarded or attended

Academic ability (if **not** educated to degree or diploma level or equivalent)

Please outline how you can demonstrate your ability to undertake analytical thinking and study at a level **equivalent to the second year of a degree**

Work Experience (relevant to this course)

Please outline (with dates) your current job/role and any previous roles where you feel you have obtained relevant work experience with conflict, managing interpersonal relationships and working with families.

What is your motivation to become a family mediator and what do you think you can bring to the role?

If you complete and pass the Foundation Course, what are your thoughts about your journey towards accreditation?

Please provide details of two people who can comment on your suitability to train and practise as a family mediator. These must be people known in a professional manner.

Referee 1	**Referee 2**
Name	Name
Address	Address
Email	Email
Tel no	Tel no
In what capacity do you know this person?	In what capacity do you know this person?

I confirm I have read and agree with the Terms and Conditions relating to Family Mediation Training. To the best of my knowledge, the information I have given on this application is accurate. I understand that Ataraxy Family Mediation Training may ask for more information.

Sign:

Print:

Date:

Checklist

I have made a payment of £75, which is non-refundable, to process my application and attend a 40min video conference with one of the trainers	☐
If accepted into the course, I will make a payment of £500 deposit to confirm my booking, and I will pay the balance of £2,100 at least 4 weeks prior to course commencement	☐
I confirm I am available to attend all the advertised training dates	☐
I confirm I can undertake a minimum of 12 hours' distance learning/ self-study at the advertised time periods	☐
I confirm I have given full details of any special needs that may affect my ability to fully participate in the programme	☐
I have completed the registration form	☐
I have read the Terms and Conditions	☐

PAYMENT DETAILS

Payment by BACs, with invoice number and surname as reference**:**

Bank: Wise Bank

Account name: Ataraxy Family Mediation Training

Account No.: 79628641

Sort Code: 60-84-64

International payments

IBAN: GB26 TRWI 6084 6479 6286 41 BIC: TRWIGB2LXXX