

## Declaration form

Declaration to the APIL/FOIL/MASS Register of Mediators Users' Committee ("the Users' Committee") by a mediator applying for registration on the Register:

1. I declare that the information provided to support my application and set out in this declaration is true.
2. I declare, in accordance with the Criteria out lined on the website, that:
  - a. I have been trained by and am a member of a Registered Mediation Provider (RMP) with the Civil Mediation Council (CMC) and can demonstrate compliance with all current CMC requirements, including CPD and insurance, applying to a member of a RMP ( insert the name of the RMP:.....); or
  - b. I am a CMC Registered Mediator and can demonstrate compliance with all current CMC requirements, including CPD and insurance, applying to a CMC Registered Mediator; or
  - c. I do not satisfy the conditions in a. or b. but I submit that I should be deemed acceptable by the Users' Committee on the grounds that I can demonstrate compliance with all current CMC requirements, including CPD and insurance, applying to a CMC Registered Mediator as set out by me in the Appendix 1 below (DELETE any paras that do not apply.)
3. I declare that:
  - a. Over 50% of my work, for a period of 5 consecutive years in the previous 10 years, was the conduct of or the representation of parties in (i) personal injury claims (including clinical negligence claims) or (ii) clinical negligence claims (and I will provide references, if required); or
  - b. I have mediated (i) 10 personal injury claims (including clinical negligence claims) or (ii) 10 clinical negligence claims during the previous 3 years (and I will provide references, if required); or
  - c. I have equivalent judicial experience; or
  - d. I do not satisfy the conditions in a.,b. or c. but in Appendix 2 below I make a written application stating in what respects I do comply with aspects of the criteria and setting out any exceptional circumstances which I submit should justify admission to the Register notwithstanding that I do not comply with all aspects of the criteria. (DELETE any paras that do not apply.)
4. I declare that I have no un-spent convictions (as defined in the Rehabilitation of Offenders Act 1974 and any updating legislation).
5. I declare that I have never been declared bankrupt.
6. I acknowledge that the Users' Committee may in its absolute discretion decide (subject to acting fairly and to any appeal to the Chair) not to admit a mediator to the Register if it is not satisfied that the Criteria are complied or to remove a mediator from the Register for the same reason or because it upholds a serious complaint against the mediator.
7. I hereby authorise the Users' Committee or its representative as my agent to contact the Civil Mediation Council, a CMC Registered Mediation Provider or any similar third party with a view to verifying any information provided by me in support of my application or in this declaration.

8. I acknowledge that it may take up to 80 days to process my application and that, if it is not successful the joining fee paid will be refundable less £50 + vat in respect of administration costs.
9. I have paid the initial joining fee of £250 + vat (either by sending a cheque payable to "APIL" to The Administrator, c/o APIL, 3 Alder Court, Rennie Hogg Road Nottingham, NG2 1RX or by bank transfer – bank details available from [administrator@afmregisterofmediators.org.uk](mailto:administrator@afmregisterofmediators.org.uk)
10. I acknowledge that
- (a) the initial entry on the Register will be maintained for a period of 12 months from the date of my first registration, when I was first listed on the Register,
  - (b) I will be liable, one year after the date of my first registration and each year thereafter, to pay an annual renewal fee (initially £100) to maintain my name on the Register and
  - (c) prior to the expiry of my annual professional indemnity insurance I will provide the Administrator with evidence that such insurance has been renewed, failing which my name will be removed from the Register pending the provision of such evidence.
11. I declare that (a) if, for any reason, my professional indemnity insurance cover ceases prior to the date I have stated that the insurance certificate expires or if (b) a claim is made in respect of a matter for which my professional indemnity insurance policy provides cover, I will, as a matter of urgency, notify the Users' Committee in writing.

**Date:**

**Type name in full to confirm that the information provided above (and any provided below) is true:**

**This document must be converted to PDF format before it is uploaded to the website – see the [Mediator's Guide for applying for registration](#).**

**Appendix 1 referred to in 2 c above.**

**Appendix 2 referred to in 3 d above.**