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| **APPLICATION FORM FOR ENTRY ON TO** **Family Mediation Services Panel**  |  |
| Applicants must read the terms and conditions before completing the Application Form. This Application Form should be competed and returned to: fmsops@legalaidboard.ie |

SECTION A

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| 1. | Name |  |
| 2. | Address (including Eircode or NI Postcode) |
|  |  |
| 3. | Contact details |
|  | Telephone |  |
|  | Mobile |  |
|  | Email |  |
| 4. | VAT/PPS Number |  |
|  | E Tax Number  |  |
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SECTION B

Please provide details of experience you have in providing mediation services to clients of the Board’s family mediation service in certain matters which are either within the jurisdiction of the District Court – primarily parenting and maintenance cases. If you are providing details of experience in providing services for the above mentioned you should provide details of advocacy experience**.**

Applicants are drawn to the provisions of paragraphs 2 and 6 of the Terms and Conditions.

**It is in your own interest to provide a detailed and accurate account of your relevant experience on the application form.**

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| **You can continue on a separate sheet** |

**NB**: Applicants must also return the signed form of undertaking below and an e –Tax number.

**It is a requirement that all applicants applying to make an application for entry onto the panel will be Garda Vetted.**

Form of Undertaking

Private Practitioner Scheme for Provision of Family Mediation Services in certain family matter

I hereby apply to have my name entered on the Private Practitioner Scheme for Provision of Family Mediation Services in Certain Family Matters maintained by the Legal Aid Board (“The Board”) on foot of the Civil Law (Miscellaneous Provisions) Act 2011 for which purpose I hereby apply to have the following information recorded on the Panel:

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| 1. I hereby confirm that I have read the attached Terms and Conditions and I undertake to abide by those Terms and Conditions when providing family mediation services to clients on behalf of the Legal Aid Board.

.   | **[ ]**  Yes **[ ]**  No |
| 1. I confirm that I am not currently and have never been the subject of any disciplinary proceedings relating to my professional conduct before any committee, tribunal, court or similar body, other than proceedings in which the complaint had been found to be unwarranted.
 | **[ ]**  Yes **[ ]**  No |
|  |  |
| 1. I confirm that I am willing to provide family mediation services in accordance with the Civil Law (Miscellaneous Provisions) Act 2011, the Mediation Act 2017 and Terms and Conditions of the Scheme as may be determined from time to time by the Board.
 | **[ ]**  Yes **[ ]**  No |
| 1. I confirm that I am covered by professional indemnity insurance for a claim of up €1.5 million and that I shall notify the Board in the event of this not being the case at any time.
 | **[ ]**  Yes **[ ]**  No |
| 1. I confirm that I have access to email facilities and that the IT software used by me is compatible with Microsoft Office software and that I am willing to abide by the Board’s requirement to send confidential emails using the Board’s secure email facility.
 | **[ ]**  Yes **[ ]**  No |
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| Signature |  |  | Date |  |