



APPLICATION FOR MENTOR STATUS

Please use black ink so this document will be legible when scanned.

PART I. GENERAL INFORMATION

1. Name:

Last First Middle

Business Name (if different from above):

Primary Address: Telephone:

City County

2. E-mail Address:

3. Certificate Number:

PART II. CERTIFIED TRAINING

. Have you attended a certified half day course related to “**Mentoring Individuals seeking qualified Mediator status?** Yes No

. If yes, list date and location of training:

Please attach either the original or a photocopy of your course completion certificate.

PART III. MEDIATION EXPERIENCE

1. Year you became Certified as a Professional mediator:

2. Attach evidence of having completed 10 cases and 30 hours of mediation at the level for which Mentor status is sought. (State only types of cases not names of parties.)

SECTION IV. MENTOR RESPONSIBILITIES

1. What is your understanding of the obligations and responsibilities of a Mentor in preparing and evaluating a mentee? (Add additional sheets if needed.)

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I hereby certify that the information provided in this application is true to the best of my knowledge and accurately reflects my qualifications to provide mentorship services incases My signature on any mentorship form(s) certifies that I have personally mentored and evaluated the applicant seeking to offer mediation to the public

If approved for Mentor status, I agree to adhere to the *Standards of Ethics and Professional Responsibility for Mediators and mentors*, adopted by Mediation Training Institute International East Africa. I understand that all information herein is subject to verification.

Signature of ApplicantDate.....

Please forward this application to:
Mediation Training Institute International East Africa
Agip house 4th floor suite 417
P.O Box 42199-00100
Nairobi
 info@mtieastafrica.org

If you have any questions or comments, please contact our secretariat