



MEMBERSHIP APPLICATION FORM

1. PERSONAL INFORMATION

Surname

Initials

Title

First name

Identity (RSA) or passport number (non-RSA citizens)

Date of birth

Gender (mark with an X)

Male

Female

Occupation

Language/s

Do you have a disability

Yes

No

Nature of your disability

2. BUSINESS PARTICULARS

Business address

Postal address

Landline

Cell

Website

E-mail address

Invoice address

(Including Vat number if applicable)

(Please include the postal code)

3. EDUCATION (excluding mediation training) AND EXPERIENCE

Year of matriculation

Province

Name of school

4. TERTIARY EDUCATION

Name of institution	Degree / Diploma or Certificate	Year

5. WORK EXPERIENCE

Name of employer	Telephone number	Position held	Time period

6. MEMBERSHIP OF PROFESSIONAL ORGANISATIONS

Name of organisation	Telephone number	Position held	Time period

7. MEDIATION TRAINING

Training institution	Year

8. EXPERIENCE AS MEDIATOR

First Year of accreditation		Current accreditation status	
-----------------------------	--	------------------------------	--

Which field/s are you trained to mediate in?

Family and Divorce Civil Commercial Labour Restorative Justice

Are you an accredited Court Annexed Mediator Yes No Level 1 or 2

9. INTEGRITY

9.1 Are there any circumstances, financial or otherwise, known to you which may cause you embarrassment in being appointed as a mediator ? State yes or no _____

If yes, provide detail _____

9.2 Have you ever been convicted of any crime or offence involving dishonesty, violence, or any other disreputable, dishonorable conduct? State yes or no _____

If yes, provide detail _____

9.3 Has any professional body ever found you guilty of any unprofessional conduct? State yes or no _____

If yes, provide detail _____

9.4 Do you suffer from a mental illness or a severe or profound intellectual disability in terms of the Mental Health Act (Act 17 of 2002)? State yes or no _____

If yes, provide detail _____

9.5 Is there any other relevant information which you should bring under the attention of Social Justice Association of Mediators? State yes or no _____

If yes, provide detail _____

I, the undersigned, confirm that the information contained in this form is true and correct. I hereby accept the Code of practice and Constitution of Social Justice Foundation Association of Mediators.

Signature

Date

Checklist of Documents required for application as a SJFAM Member

1. Application form duly completed
2. Certified copy of ID or drivers license
3. Proof of mediation training attended
4. Proof of professional qualification/s
5. Proof of professional membership card/letter (if applicable)
6. Proof of student registration (if applicable)

NOTE: All copies of documents must be certified copies.

Print name _____

Signature: _____