



CONFLICT TO COLLABORATION

IMI Certified Mediator Application Form

Upon completion, please e-mail this application to mail@campmediation.in

CAMP Arbitration and Mediation Practice Pvt. Ltd.

46, 36th Main, BTM Dollar Scheme Bangalore - 560068, India

Phone/WhatsApp : +91-6366115765

Contact Information				
Name:		Date:		
Organization				
E-mail:				
Address:				
Primary Phone:		Secondary Phone:		
Cell Phone:		Fax:		
Website:				
A. Mediation Training: Applicants must have completed a 40-hour Mediator Training from an internationally accredited or nationally recognized institute. Please attach a scanned copy of your Certificate. The training has to be recent – not over 3 years old. If the 40 hour mediator training was done over 3 years ago, the applicant must have done a refresher course lasting at least 20 hours in the previous 3 years. Please list all your trainings (including refresher trainings) starting with your most recent training.				
	<u>Course</u>	<u>Hours</u>	<u>Institution</u>	<u>Year</u>
1.				
2.				
3.				
B. Mediation Experience: Applicants must submit a certificate from the mediation service provider, they are or have been associated with, (Private or Court Annexed), certifying that the applicant has done a minimum of 200 hours of mediation work OR a minimum of 20 completed mediation cases. The certificate must detail the cases mediated and the number of hours spent on each case. Hours and cases as an advocate or observer will not count towards this total.				
	<u>Number of Cases</u>	<u>Duration in Hours</u>		
Served as solo mediator:				
Served as co-mediator:				
Served as an observer:				

C. Mediators Log: In case the applicant has done mediations privately (not through a service provider) or is unable to submit a certificate as mentioned above he/she must provide a log book documenting the cases mediated and the number of hours spent on each case to show that he/she has completed the requisite 200 hours OR 20 mediations. Sample Mediator's Log to show 200 hours of Mediation. (Annex B)

D. Feedback: A minimum of 15 feedback forms must be submitted to complete your application. Sample Feedback Form Attached. (Annex A).

E. Memberships: Please provide all ADR organizations you are associated.

Are you a CAMP Mediator? Y/N
Year Accepted:

ADR Rosters – list any neutral rosters maintained by any other ADR organizations of which you are a part (e.g., SAMA, CEDR, ICC, IIAM, IAMC, Court Roster, Other?)

	<u>Organization</u>	<u>Year Accepted</u>
1.		
2.		
3.		
4.		
5.		

F. Expansion: If you need to expand on your answers to any of the above, please attach additional pages, and note the section that you are expanding. The written test may be substituted (on CAMP'S determination) by articles, papers, and other writings by applicant (both published and unpublished). You may also attach any publications you have.

Please Note - IMPORTANT

- Please submit this completed form along with the processing fee of Rs. 20,000 for Indians or Rs.35,000 for non-Indians.
- We will only commence processing your application form, once we receive (a) supporting documents for A, B/C, D and E and (b) the application fee.

Annex A



International Mediation Institute
www.IMImediation.org

Sample Feedback Request Form

This Feedback Request will take just 10 minutes to complete

Every IMI Certified Professional Mediator has attained a high standard of professional competency in the practice of mediation. On completion of each mediation, the Mediator will invite the participants to complete this Feedback Request Form. Your feedback will:

- Help future users to have more information about working with this Mediator
- Provide the Mediator with an opportunity to know your perception of the mediation process on this occasion, how effective (s)he was, and why, and
- Enable the Mediator's Peer Reviewer to prepare the Mediator's Feedback Digest which is a professional requirement of all IMI Certified Mediators.

You may complete this Feedback Request Form in handwriting or electronically and send it to the Reviewer responsible for preparing the Mediator's Feedback Digest. If you prefer, you may also give it to the Mediator for forwarding to the Reviewer. As the Feedback Digest is prepared by the Mediator's Reviewer, it should contain an objective and independent summary of the content of previously-submitted forms. The Feedback Digest may be relied upon by other parties in the future in deciding whether to appoint this Mediator, so please try to be fair and helpful as possible in providing your comments. Please try not to be influenced unduly by the outcome of your mediation but to focus on the Mediator him/herself and on any particular contributions that (s)he may have made that you found to be especially important.

An example of Feedback completed by a Party in an actual case can be found at <http://www.imimediation.org/feedback-example>

The Mediator's task is a challenging one. In your responses, please try to appreciate this and to be specific and constructive as possible. It would be helpful if you could include your name and details on the last page so that you can be contacted by the Reviewer in the unlikely event that clarification is needed. Please be assured that your information, and any information about the mediation, will remain confidential and will not be provided to third parties.

FEEDBACK

Name of Mediator:

Mediation Institution (if any):

Start Date of Mediation:

End date of Mediation:

Place of Mediation:

Nature of mediated matter:

Please check the appropriate boxes, below and add any comments you wish to make.

Summary Questions

1. On a scale of 1-5 (1 = low; 5 = high), how likely are you to use this Mediator again?
1 2 3 4 5 Not Applicable

Comments:

2. Would you recommend this Mediator to others?
Yes No Not sure

Comment: (If Yes, why? If No, why not?)

3. On a scale of 1-5 (1 = low; 5 = high), how would you rate the mediator's skill and ability?
1 2 3 4 5 Not Applicable

Comments:

Specific Questions

4. How did you identify or appoint this mediator?
 a. IMI web portal
 b. Suggested by a colleague, law firm or other professional
 c. Appointed by an institution
 d. Suggested by the opposing party
 e. Other _____

5. If you perceive that the Mediator's skills made a decisive difference in the outcome, which particular skills were they?

Comments:

6. How satisfied are you with the costs of the mediator?
(1=very dissatisfied; 2=dissatisfied; 3=neutral; 4=satisfied; 5=very satisfied)

1 2 3 4 5 Not Applicable

Comments:

7. How do you rate your overall satisfaction with the mediation process and the result obtained by the parties?
(1=very dissatisfied; 2=dissatisfied; 3=neutral; 4=satisfied; 5=very satisfied)

1 2 3 4 5 Not Applicable

Comments:

8. If a dispute resolution organization was involved in the selection and appointment of the mediator, please indicate how you rate your overall satisfaction with that body's support of the dispute resolution process?
(1=very dissatisfied; 2=dissatisfied; 3=neutral; 4=satisfied; 5=very satisfied)

1 2 3 4 5 Not Applicable

Comments: (please identify the organization if you think it appropriate to do so)

9. Did you resolve your issue as a result of the mediation?

Yes No

If the mediation process did not result in a resolution, do you nevertheless consider that it was worthwhile?

Comments:

10. Was this your first experience with the mediation process?
Yes No
11. Are you willing to be mentioned as a reference on this Mediator's IMI Profile on the IMI web portal?
Yes No
12. Any other comments?

Comments:

Your responses on this form will be treated as confidential information by the Reviewer and by the Mediator but may be referred to in an anonymous form (ie. without any reference to the parties or any other information identifying you or your mediation) in the Mediator's Feedback Digest on the IMI web portal.

**Thank you for completing this Feedback Request.
It will help others in the future.**

If you are willing to disclose your name and contact details, please do so below:

Name:

Organization:

Position:

Phone:

Email:

Annex B

CAMP Arbitration and Mediation Practice Pvt Ltd

Sample Mediators Log

To be kept for each mediation and to be filled out by the Mediator and returned to CAMP at the conclusion of each mediation.

Mediation Case No : _____ Mediator Name : _____

Sl. No.	Date of the Mediation/Call	Time Spent in Mediation/Call (mins)	Date & Time of Subsequent	Signature of Mediator
1.				
2.				
3.				
4.				
5.				
6.				

Total No. of Mediation Sessions : _____

Time Spent in Mediation sessions (in minutes / hours) : _____

Sl. No.	Particulars of Calls	Time Spent in Call(s) (mins)
1.		
2.		
3.		
4.		

5.		
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No of Phone calls: _____

Time spent : _____

Total time spent for the entire process : _____