

APPLICATION FORM



Pro Bono Mediation Service

Application Form

Applicant Contact Details

Applicant name:	Phone number:
Primary contact name:	Email:
Representative name (if applicable):	Representative phone number:
Representative email:	Number of people attending with party:

Other Party Contact Details

Name:	Phone number:
Primary contact Name:	Email:
Representative name (if applicable):	Representative phone number:
Representative email:	Number of people attending with you:

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Criteria Assessment (please complete with supporting documentation if applicable)

Eligibility Criteria	Name e.g. law firm, name of charity.	Reason for meeting criteria (or refer attached) e.g lawyer undertaking pro bono, referred by law society.	Meets criteria (internal use) Yes/No
Referred by Counsel			
Not for Profit organisation			
Charity			
MSD funded organisation			
Social Enterprise			
Other			

Agreement to Mediate

Have both parties agreed to mediate?

Please provide a list of dates the parties agree to for the mediation:



Have there been previous attempts at resolution?

Please provide a brief description

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Issues to be Mediated

Please provide a brief description of the issues

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What would be the best possible outcome?

Please provide what you are hoping to achieve and what would be the best outcome.

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Health and Safety

Are there any Health and Safety Concerns we need to be aware of?

Are there any access issues we need to provide for?

Please attach any additional information /documentation which you believe is applicable for the mediator to prepare to assist the parties.