**APPLICATION FORM FOR ENLISTMENT OF INDIVIDUAL MEDIATOR**

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| General Information | | |
| 1. Name |  | |
| 1. CNIC / NTN No. |  | |
| 1. Present Address |  | |
| 1. Permanent Address (if different from above) |  | |
| 1. Current Employment / Occupation |  | |
| 1. Business Address |  | |
| 1. Telephone Numbers | Mobile: | Office: |
| 1. Email Address | Email Address 1: | |
|  | Email Address 2: | |

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| Professional Background | | | | | | | | |
| 1. What are your primary occupations? |  | | | | | | | |
| 1. What is your current employment status?   (Please tick appropriate box) | Retired | | Unemployed | | Employed full time in your primary occupation | | Employed part time in your primary occupation | |
| In case of employed part time, please write your other occupation(s) |  | | | | | | | |
| 1. Details of previous employments / business | S# | Employer / Organization | | Address | | Associated from --- to | | Designation and Nature of Work |
| a) |  | |  | |  | |  |
| b) |  | |  | |  | |  |
| c) |  | |  | |  | |  |
| d) |  | |  | |  | |  |
| 1. Please list all professional licenses, with license numbers, which you consider relevant for registration | 1) |  | | | | | | |
| 2) |  | | | | | | |
| 3) |  | | | | | | |
| 4) |  | | | | | | |
| 5) |  | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| Educational Qualification | | | | | |  |
| 1. Details of professional qualification | S# | Qualification / Degree | Name of Institute / University | Duration | Major / field of study | |
| a) |  |  |  |  | |
| b) |  |  |  |  | |
| c) |  |  |  |  | |
| d) |  |  |  |  | |

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| Other Information | | |
| 1. Have you, either as an adult or a juvenile, been convicted for a criminal offence? (This excludes minor traffic violations)   Please tick appropriate box | Yes | No |
| If yes, please write down the details |  | |
|  | |
|  | |
| 1. Have you ever been disbarred, suspended, censured, or otherwise reprimanded, disqualified or disciplined as an advocate, as a member of any other profession, or as a holder of public office?   Please tick appropriate box | Yes | No |
| In case of yes, please write down the details |  | |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| Mediation Information | | | | | |  | |
| 1. Please list down the general and / or specific Mediation trainings you have received prior to this date | S# | Course | Training Organization | Dates from --- to | Duration (in hours) | Result of assessment | |
| a) |  |  |  |  |  | |
| b) |  |  |  |  |  | |
| c) |  |  |  |  |  | |
| d) |  |  |  |  |  | |
| 1. Please list the three most recent cases, if any, in which you have served as a mediator | S# | Subject area of the case | Independent / Organization | Dates(s) | No. of sessions | Outcome | |
| a) |  |  |  |  |  | |
| b) |  |  |  |  |  | |
| c) |  |  |  |  |  | |
| d) |  |  |  |  |  | |
| 1. Please provide the total number of cases mediated and their success ratio. | S# | Number of Cases Mediated | Number of successful cases (wherein settlement has been executed) | Number of unsuccessful cases | Percentage of success ratio. | | |
|  |  |  |  |  | | |
| 1. Please specify the nature of most of the cases mediated so far |  | | | | | | |
| 1. If you have expertise in any specific subject(s) that may prove useful for your selection as a mediator in the relevant cases, please specify them | 1) |  | | | | | |
| 2) |  | | | | | |
| 3) |  | | | | | |
| 4) |  | | | | | |
| 5) |  | | | | | |
| 1. Please list down any limitation on the mediations you wish to undertake (such as the limitation of subject matter, etc.) | 1) |  | | | | | |
| 2) |  | | | | | |
| 3) |  | | | | | |
| 4) |  | | | | | |
| 5) |  | | | | | |
| Declaration | | | | | | |
| I, the undersigned, hereby apply for enlistment at Sindh High Court’s Panel of Mediators, and if selected, I will adhere to the Code of Conduct and the Terms of Reference provided to me.  I further state that the information provided in this form is correct to the best of my knowledge and intention.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | | | | |

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| Please provide the following documents /information with your completed form: |
| * Passport size photograph * Updated Curriculum Vitae * Names and contact information of two Referees * Copy of the CNIC / NTN * Copy of the educational certificates * Copies of Mediation Training Certificates / Accreditation * Please attach at least one enforceable mediation agreement (redacted) written by you as a mediator. |