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| FORM 4 | **Mediator:** |
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| **ACCREDITED** | **PPC /Manager/Mentor:** |
|  |
| **MEDIATOR** | **Date:** |
|  |
| **Special Educational** |  |
| **Needs and Disability** |  |

**This is to certify that** *name of mediator* **has successfully completed the required training and gained the necessary experience to practice as an SEND Mediator:**

* **Foundation Training in Mediation** (minimum 40 hours)

Date of training: Training Provider**:**

* **Specialised Training in SEND Mediation** (minimum 12 hours)

Date of training: Training Provider

* **Casework** (minimum 12 hours)

Has worked as lead / co-mediator in the following cases

Case 1: *date*

Case 2: *date*

Case 3: *date*

*Name of mediator* has been observed mediating by *Name of Observer(s)* andhas engaged in de-briefing and feedback sessions in order to reflect on and learn from their practice.

I, *Name of observer,* confirm that n*ame of mediator* has therefore achieved a high standard of practice and has met all the necessary standards of the College of Mediators and the Civil Mediation Council to be accredited as an SEND Mediator.

**Signed:**

**Manager / PPC / Mentor** **Mediator**