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| FORM 5  **ACCREDITED MEDIATOR**  (Passported)  **Special Educational Needs and Disability** | **Mediator:**  **PPC /Manager/Mentor:** (please circle)  **Name of Service:**  **Area of Service delivery**  **Date:** |
| **This is to certify that** *name of mediator* **has been successfully working as a SEND Mediator to a high standard since** *date.* **Mediators completing this form will have either pioneered the provision of SEND mediation, pre-dating specialised training in this area, or will have undertaken training some years ago and can demonstrate that they meet the criteria below.**  *Mediator* meets the following criteria for passported mediators:  **❒ Foundation Training in Mediation** (minimum 40 hours)  I have attended a foundation training in basic mediation skills  Date of training: Training provider**:**  **❒ Knowledge and Experience**  I have specialist understanding of SEND policies, practices and procedures  **❒ Casework**  I have worked as lead SEND mediator since *date* and maintain an active caseload of 3 SEND mediated cases on average per year  **❒ Continuing Professional Development**  I undertake relevant CPD on an annual basis  **Signed:** **Mediator**  **❒** I, *Manager / PPC / Mentor,* endorse this application andconfirm that s/he has the specialist skills and knowledge named above, maintains a high standard of practice and meets the requirements of the COM and CMC to be accredited as a SEND Mediator.  **Signed:** **Manager /PPC/Mentor** | |