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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** |