**APPLICATION FORM - CERT.EM ADVANCED**

**N.B. – This application to be used by Cert.EM mediators applying for *Cert. EM Advanced* status.**

**1. Applicant information:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Addresses: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate BOTH current membership of, and current certifications from, any relevant associations and/or accrediting bodies:

* Elder Mediation International Network - N.B. EMIN membership required
* Elder Mediation Association(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Gerontology Associations (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* International/National/State/Provincial ADR/Mediation Associations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Other relevant associations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The professional context of your elder mediation practice:

□ Government-funded organisation

□ Community/non-profit mediator

□ Private practice

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your field(s) of practice (you can check more than one)

□ Health □ Organisational

□ Welfare □ Community

□ Family □ Environmental □ Workplace □ Indigenous

□ Financial □ Cross-cultural

□ Commercial □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your elder mediation style(s) or model(s) of practice** – interest based, transformative, narrative, etc:

Attach supporting explanation.
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Your elder mediation experience** (live cases and/or role plays): 5-10 □; 11-25 □; 26+ □

Please attach information about 2 cases or role play scenarios you have mediated and/or participated in, and describe the learning and outcomes – maximum of two typed pages per case.

**2. Curriculum vitae:** Please attach your curriculum vitae outlining your education and professional qualifications and achievements.

**3. Previous certification:** Please attach proof of completion of your country’s mediation certification/accreditation and/or other special certificates of relevant concentrated training.

**4. Elder mediation education and training:** Please complete and attach supportive documentation where possible, with explanations.

**Hours spent on age-related topics:**  In the following Table please only list the hours you have spent learning about each topic in online and face-to-face education/training programs, conferences, seminars, professional courses, webinars, etc, either as a participant learner or asa presenter/teacher/trainer.

Section (A) is to be completed only if a copy of your certification or basic training certificate(s) is not enclosed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Subject areas | **Hours required** | Courses | **Trainer(s)** | Hours | **Date taken** |
| **(A) Basic training:** | Pre-requisite: Cert.EM designation and current accreditation to practice as an ADR/mediation practitioner  |
| Basic conflict resolution and mediation theory education and skills training, including intercultural training |  |  |  |  |  |
| (B) Additional age related elder mediation hours: | An additional minimum of 30 hours over and above the 70 hours required for Cert.EM designation (including the topics listed below) |
| Current and future profiles of seniors in your country/region; family life cycle; family dynamics; intergenerational dynamics. | At least 6 |  |  |  |  |
| Recognizing and responding to elder abuse & neglect | 4 |  |  |  |  |
| Knowledge of legislation in your country relevant to elder mediation, capacity and elder abuse | 2 |  |  |  |  |
| Identifying and dealing with power dynamics involving and affecting older people with and without capacity | 2 |  |  |  |  |
| **Subject areas** | **Hours required** | **Curses** | **Trainer(s)** | **Hours** | **Date taken** |
| The nature and impact of bereavement, grief and loss | 3 |  |  |  |  |
| The impact of ageism, sexism and cultural diversity | 3 |  |  |  |  |
| Understanding dementia & age-related diseases and how to assess, manage and accommodate capacity issues  | 4 |  |  |  |  |
| Financial & estate issues for identifying areas of concern and referral | 2 |  |  |  |  |
| Ethics and ethical issues relevant to elder mediation | 2 |  |  |  |  |
| Facilitating and writing agreements in elder mediation | 1 |  |  |  |  |
| Advance Care Directives - Power of Attorney & Guardianship - relevant to your country/region/State | 1 |  |  |  |  |
| Total hours (B) | **30** |  |  |  |  |

5. If your elder mediation education and training was completed more than four years ago, please *specify* 20 hours of continuing elder mediation education and training you have completed in the last four years (attendance at any of the EMIN World Summits credits at least 17 hours). Indicate dates, topics, trainers or presenters, the organizations, seminars, workshops or conferences and the duration (if applicable).

6. Are there any disciplinary actions taken against you by any professional association(s)? yes □ no □

If yes, please attach relevant information, including the date, name of professional body, type of disciplinary action and result.

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7. Are there any matters (e.g. criminal convictions) that might affect negatively your ability, or the general public’s perception of your ability, to practice as an elder mediator and adhere to EMIN’s *Code of Ethics for Elder Mediators*?

yes □ no □

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. Please provide proof of liability insurance coverage (by self, employer or membership association) □ Attached to this application form

**Once this application is accepted instructions will be sent for the next stages of the certification process which includes an Exam Study Guide and an invigilated examination.**

**CONFIDENTIALITY**

I understand that material I submit for certification purposes will be kept confidential and that I am solely responsible for keeping a copy for my own records.

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Name (please print) Signature of the applicant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Country Postal Code

## STATUTORY DECLARATION

I hereby affirm that I will adhere to the EMIN Standards and Professional Code of Conduct.

I hereby affirm that the information in this application form and its attachments is true and correct.

I hereby affirm that there are no professional disciplinary actions and/or criminal convictions recorded against me.

Signature of Certification Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed on \_\_\_\_\_\_\_\_\_ (day) \_\_\_\_\_\_\_\_\_\_ (month) \_\_\_\_\_\_\_ (year)

**The completed Certification Application form (saved or scanned as a PDF file) and completed references (saved as PDF files) are to be emailed directly by the applicant and referees to the EMIN Registrar:**

**registrar@elder-mediation-international.net**

**An initial registration fee of €50 (or equivalent) should be submitted via the Elder Mediation International Network website at:**

[**www.elder-mediation-international.net**](http://www.elder-mediation-international.net)

**When all documentation has been received, reviewed and accepted - and you have been notified that the application will be proceeding - the remaining Application Assessment Fees of €100 are required. These funds will pay for certified experts to assess your completed examination.**

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