**Bursary Application Form  
Elder Mediation**

**Personal Details**

|  |  |
| --- | --- |
| Your Name: | |
| Telephone: | Mobile: |
| Email: | |

Please tell us a little about yourself.

Please tell us why you are interested in mediation.

Please tell us how you will use the mediation training for the benefit of others in the future.

**Additional information**

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| Are there any needs you would like to be taken into account when providing this course? Eg. Mobility or visual aids, learning aids, dietary needs. |

I will complete the OCN learning portfolio for accreditation

I agree to mediate, on a pro-bono basis, in at least 2 cases on completion\*

*\*This provides you to real-life mediation case experience, and allows us to offer mediation in circumstances where we may otherwise not be able to. You will be supervised throughout the mediation cases by an experienced practice supervisor.*

Signed (typed signature accepted)……………………………… Date……………………………………………………….

Please return to [training@mediationnorthernireland.org](mailto:training@mediationnorthernireland.org) and you will hear back shortly to confirm you have been accepted for a bursary place.