



**THE
MEDIATION ACCREDITATION COMMITTEE
JUDICIARY
FORM A**

APPLICATION FOR ACCREDITATION


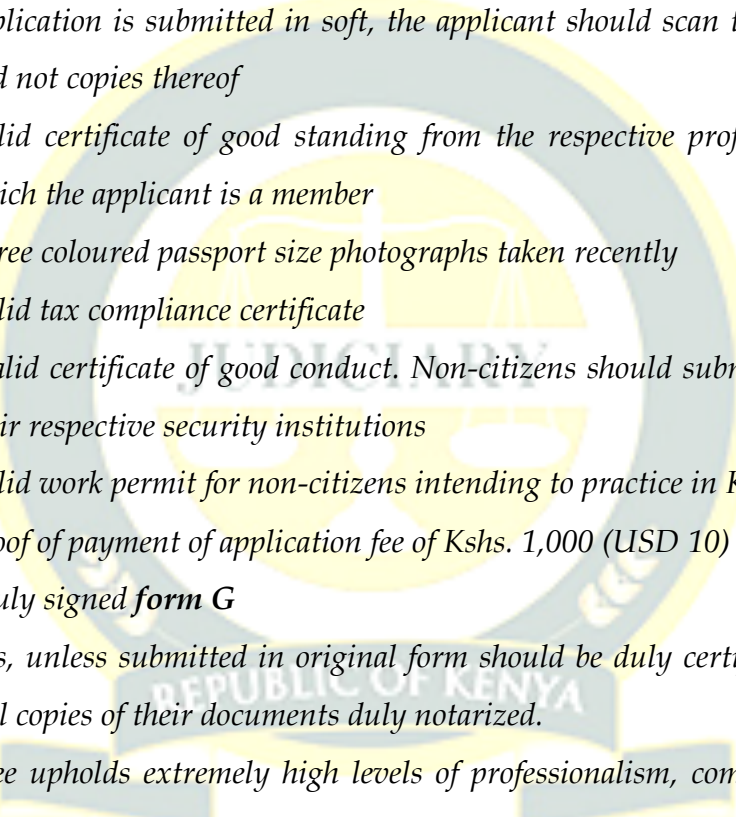
REPUBLIC OF KENYA

June 1, 2022



INSTRUCTION NOTES

1. Carefully read these instructions, the Accreditation Standards, the Mediator Practice Rules, and the Code of Ethics for Mediators before filling the form. You should peruse through the entire form before you commence the application process.
2. A soft copy of this form as well as the documents at (1) above can be downloaded at www.judiciary.go.ke. One can also obtain a hard copy of the said documents from the Mediation Accreditation Committee (MAC) offices during official working hours or request for the same to be emailed via mediationaccreditation@gmail.com. Applications made on any other invalid form shall not be considered.
3. Please fill **ALL** the sections in **BLOCK LETTERS**. If the space is not sufficient, provide further details on a separate A4 sheet. In case any section of the form is not applicable to you, kindly indicate "N/A."
4. Applicants are advised to provide all the information required in this form. The Committee will not process any incomplete application.
5. Applicants who apply for accreditation as mediators in the **Family** and/or **Children** categories **MUST** satisfy the provisions specified at **Part D** of this form and should submit two cases for assessment as required under that part.
6. Applicants are required to pay a non-refundable application fee of one thousand Kenya shillings (Kshs.1,000) (USD 10). The fees must be deposited at Kenya Commercial Bank, Moi Avenue Branch, **Account number 1144416752** in the names of '**Judiciary Court of Appeal.**' Money orders, postal orders, cheques, or digital currency shall not be accepted.
7. The complete application should be submitted during office hours at the MAC offices at **Re-Insurance Plaza, Northern Podium, Taifa Road**. It may also be scanned and emailed as one pdf document to:
mediationaccreditation@gmail.com.
8. The application **MUST** be accompanied by the following documents:
 - a. Current resume
 - b. Coloured copy of Identity Card or Passport. Non-citizens should attach a valid coloured copy of identification document formally recognized by the country of origin as an official document

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- c. *Academic and professional certificates*
 - d. *Mediation training certificate*
 - e. *Course content from training institution*
 - f. *Letter of introduction from the training institution*
 - g. *Two original character reference letters from credible members of the community, religious body, institution, or association. The letter must indicate that the writer has known the applicant at a personal level for at least five years immediately preceding the date thereof and should have been written within a period of three months prior to the date of submission of the application. If the application is submitted in soft, the applicant should scan the original letters and not copies thereof*
 - h. *Valid certificate of good standing from the respective professional bodies to which the applicant is a member*
 - i. *Three coloured passport size photographs taken recently*
 - j. *Valid tax compliance certificate*
 - k. *Valid certificate of good conduct. Non-citizens should submit clearance from their respective security institutions*
 - l. *Valid work permit for non-citizens intending to practice in Kenya*
 - m. *Proof of payment of application fee of Kshs. 1,000 (USD 10)*
 - n. *Duly signed **form G***
9. *All documents, unless submitted in original form should be duly certified. Non-citizens should have all copies of their documents duly notarized.*
10. *The Committee upholds extremely high levels of professionalism, competence and non-discrimination. Any form of canvassing shall lead to automatic disqualification of the application.*
11. *MAC reserves the right to make the ultimate decision on the application in line with its set standards and criteria for qualification. Where the Committee requests for further information or clarification, such information should be submitted promptly in the format and manner, and within the period prescribed in the request.*
12. *The Committee will certify the veracity of the submitted information during the interview of the applicant or through other means. Applicants who submit incorrect information shall be automatically disqualified.*

PART A

BASIC INFORMATION

1. Personal information

Title: Mr/Ms/Miss/Mrs/Dr/Prof/Hon./Rev. (tick the one applicable to the applicant)

Name_____

ID/Passport Number_____Nationality_____

Marital status_____Organization/Firm _____

Physical Address_____

Phone Number_____Email_____

Gender_____Religion_____

Profession (other than mediation)_____D.O.B._____

County of birth (if Kenyan)_____Tribe/Race_____

2. Academic and professional qualification

a) Applicant's academic qualifications starting with the highest:

SN	Level of qualification	Qualification earned	Institution	Date of completion
i.				
ii.				
iii.				
iv.				

b) Applicant's professional training and qualification (*non-mediation training*):

SN	Course title	Institution where training was conducted	Commencement date	Date of completion
i.				
ii.				
iii.				
iv.				

c) Professional mediation training:

Indicate the professional mediation training course attended. Please include the dates when the training was done, name of the trainer institution, lead facilitator, training venue, and mode of training (*whether physical or virtual*)

d) Details of any other relevant training, e.g. negotiation, counseling, conciliation, arbitration etc

e) Professional bodies where the applicant is or has been a member:

SN	Name of professional body	Physical address, email, and telephone	Status (whether current or former)
i.			
ii.			
iii.			

3. Brief employment summary

SN	Period (from – to)	Employer	Position/description	Reason for termination
i.				
ii.				
iii.				
iv.				
v.				
vi.				


Have you ever been an employer or in the management of any organization or institution? (If the answer is in the affirmative, please give details) _____

PART B

EXPERIENCE AND SKILL DEMONSTRATION

Note well before filling this part:

- a). In order to meet the requirement for post mediation training experience, an applicant must have handled at least three mediation disputes or conducted at least three mediation cases in his capacity as a trained mediator.
 - b). Disputes handled by the applicant prior to professional training shall not count under this part.
 - c). While filling this part, applicants are reminded not to breach their duty of confidentiality as mediators and should not disclose the identities of the parties or give information that would reveal such identity.
 - d). Those applying for accreditation under the Family category or for disputes involving Children should satisfy the requirement under **Instruction note 5**.
1. Indicate the number of cases/disputes handled post training (please include the date, type of dispute e.g. family, commercial, land etc, and whether or not a settlement was reached)

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2. Please share any experience learnt while conducting any of the cases stated above. In your own opinion, why did any of the cases that you handled succeed or fail? What do you think would have been done differently in order to arrive at a different outcome?

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3. What motivated you to become a mediator? Explain.

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4. Do you possess any other non-mediation skill or experience that you consider relevant to the application? If the answer is yes, please indicate the type or nature of skill or experience and clarify its relevance.
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5. In what languages are you able to conduct mediation sessions? Please rate your ability and/or fluency.
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6. Kindly indicate your ability to conduct virtual mediation.
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PART C

ACCREDITATION CATEGORY

Note well before filling part:

- a) *The Committee reserves the right to limit the number of court stations or categories of accreditation that may be approved.*
- b) *The Judiciary does not facilitate travelling and upkeep expenses for mediators and parties who conduct their mediation sessions away from the court station of origin.*
- c) *Mediators shall not be allowed to conduct mediation sessions away from the court station of origin without the prior consent of all parties involved in the dispute and where such consent is obtained, the mediator shall cater for his own travel costs and upkeep.*

1. Please indicate the category or categories of cases or types of disputes where you wish to be accredited and to practice as a mediator

Civil	<input type="checkbox"/>	Work injury claims	<input type="checkbox"/>
Criminal	<input type="checkbox"/>	Employment disputes	<input type="checkbox"/>
Commercial transactions	<input type="checkbox"/>	Insurance claims	<input type="checkbox"/>
Labor relations	<input type="checkbox"/>	Elections and political disputes	<input type="checkbox"/>
Matrimonial (including property)	<input type="checkbox"/>	Consumer rights	<input type="checkbox"/>
Human rights	<input type="checkbox"/>	Social and cultural rights	<input type="checkbox"/>
Title to and use of land	<input type="checkbox"/>	Succession disputes	<input type="checkbox"/>
Environmental	<input type="checkbox"/>	Disputes involving children	<input type="checkbox"/>
Tax	<input type="checkbox"/>	Non work injury claims	<input type="checkbox"/>
Community mediation	<input type="checkbox"/>	International relations	<input type="checkbox"/>
Assessment of costs/fees	<input type="checkbox"/>	Intergovernmental relations	<input type="checkbox"/>
Disputes in education sector	<input type="checkbox"/>	Maritime and outer space	<input type="checkbox"/>
Intellectual property	<input type="checkbox"/>	Natural resources	<input type="checkbox"/>

Tribunals (*please specify*) _____

Any other (*please enlist*) _____

2. Kindly indicate the Court Station or Stations where you are willing to practice as mediator upon accreditation _____

PART D

JUDICIARY

SPECIFIC REQUIREMENTS FOR FAMILY MEDIATORS

Applicants applying for accreditation as mediators in the **Family** and/or disputes involving **Children** categories **MUST** fill this part

I confirm that of the three cases submitted for assessment under part B above, at least one case involved family financial issues (family property, spousal maintenance, divorce etc) and at least one other case involved child related issues (custody, child maintenance, visitation rights etc) or two of the cases submitted involve both issues.

- ☐ I confirm that I have a degree or a post graduate qualification in social work, psychology, counseling, law, or in a field related to family set up from a recognized university or institution.

OR

- ☐ I confirm that I have at least three years working experience in the fields of family law or family welfare/counseling and/or relevant working experience which can demonstrate my competence in family work. (*Please give details of work experience and produce training certificates or reference letters issued by the*

organizations for which the work was done for the demonstration of your competency in family work)

Signature by Applicant _____

Name of Applicant _____

PART E

LIMITING FACTORS

1. Has any of your application for accreditation been previously declined by any professional body (including MAC)? *(Please indicate Yes or No)* _____
2. If the answer to number 1 above is Yes, please indicate the concerned body, nature of application made, and reason for rejection

3. Do you have any pending proceedings against you, previous convictions, or any adverse findings/judgments by any court, commission of enquiry or tribunal? *(Please indicate Yes or No)* _____

4. If the answer to number 3 above is Yes, please explain

5. Are there any pending or completed disciplinary actions against you by MAC or any other body? *(Please indicate Yes or No)* _____

6. If the answer to number 5 above is Yes, please explain

7. Have you ever been adjudged bankrupt or made any composition with creditors? *(Please indicate Yes or No)* _____

8. If the answer to number 7 above is Yes, please give details *(you may opt not to answer this question)*

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9. Please provide any other information not specifically requested for in this form but which to the best of your knowledge, the Committee needs to know as it processes your application
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PART F

USE OF DATA

Persons who supply data in their application to the Mediation Accreditation Committee are advised to take note the following:

1. The information provided in the application will be used for the purpose of assessment for accreditation as a mediator or for related purposes and may be shared with third parties for purposes and for reasons connected therewith.
2. After the application has been duly processed, the Committee will retain the documents in a file and/or electronic register for as long as it deems necessary or useful.
3. An applicant has the right to request access to, and the correction of, his personal data as retained by the Committee. Applicants wishing to access or make corrections to their data should submit written requests to the Mediation Registrar.

PART G

DECLARATION BY APPLICANT

1. I have read and agreed to the Use of Data Notice at paragraph F above.
2. I authorize the Committee and any other authorized person to deal with, utilize and/or access the data submitted as may be necessary.
3. I understand that my data will become part of the Committee's records and may be used for all purposes deemed necessary or useful.
4. I declare that the information given in support of and in connection with this application is accurate and complete. I understand that any misrepresentation will disqualify my application and may lead to revocation of my accreditation as a mediator. I also understand that the Committee reserves the right to report the matter to the relevant professional body or institution.
5. I confirm that I am familiar with and will adhere to the Committee's Code of Ethics for Mediators, the Accreditation Standards, the Mediator Practice Rules, and the Mediation Rules.
6. Any information provided in the application may be made available by the Committee to third parties for the purposes of mediator assessment, selection or for related purposes.
7. I undertake to inform the Committee promptly if and when I am charged with any criminal offence during the time that I shall remain as an accredited mediator or where I lose or terminate my accreditation/membership with any professional body.

Please sign below to confirm the accuracy of the information contained in the application and the confirmation of your agreement to the use and disclosure of the same.

Signature: _____

Date: _____

Name: _____

**MEDIATION REGISTRAR
MEDIATION ACCREDITATION COMMITTEE
Reinsurance Plaza-Northern Podium
Opposite Supreme Court Building, Taifa road
P.O Box 30041-00100
Nairobi**

FORM G

COMMITMENT BY MEDIATOR

Ido state as follows;

- a) That I have read the Code of Ethics for Mediators, the Accreditation Standards, the Mediator Practice Rules, and the Mediation Rules.
- b) That I have understood the contents of the said documents and I am fully aware of the import and purpose of the said documents.
- c) That I commit myself to abide by the said documents as well as any other relevant rules and regulations governing the conduct of mediation.
- d) That I further commit to be bound by the Code of Ethics adopted by the Mediation Accreditation Committee.

Dated atthisday of20.....

Signature.....

