

FORM 4

**ACCREDITED  
MEDIATOR**

**Special Educational  
Needs and Disability**

**Mediator:**

**PPC /Manager/Mentor:**

**Date:**

**This is to certify that *name of mediator* has successfully completed the required training and gained the necessary experience to practice as an SEND Mediator:**

- Foundation Training in Mediation** (minimum 40 hours)  
Date of training: \_\_\_\_\_ Training Provider: \_\_\_\_\_
- Specialised Training in SEND Mediation** (minimum 12 hours)  
Date of training: \_\_\_\_\_ Training Provider: \_\_\_\_\_
- Casework** (minimum 12 hours)  
Has worked as lead / co-mediator in the following cases  
Case 1: *date*  
Case 2: *date*  
Case 3: *date*

*Name of mediator* has been observed mediating by *Name of Observer(s)* and has engaged in de-briefing and feedback sessions in order to reflect on and learn from their practice.

I, *Name of observer*, confirm that *name of mediator* has therefore achieved a high standard of practice and has met all the necessary standards of the College of Mediators and the Civil Mediation Council to be accredited as an SEND Mediator.

**Signed:**

**Manager / PPC / Mentor**

**Mediator**

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