## REGISTRATION FORM CERTIFIED MEDIATION TRAINING PROGRAMME





#### ACCREDITED BY THE MEDIATORS INSTITUTE OF IRELAND

PLEASE NOTE: THIS IS A CLICKABLE PDF DOCUMENT AND MUST BE COMPLETED USING ADOBE, DOCHUB OR LUMIN PDF

### TRAINING COURSE- Autumn/Winter 2026 September 2026

15th September	Online
17th September	Classroom
22nd September	Online
24th September	Online
29th September	Online

1st October	Classroom
6th October	Online
8th October	Online
14th/15th/16th October*	Classroom
20th October	Online

22nd October	Online
2nd November	Submission of Assignment
1st/2nd/3rd December	External Assessment for certification

<sup>\*</sup>Participant to attend one of the external assessment days

#### TRAINING TIMES:

#### ATTENDANCE & COST

On line Training	9.00 a.m. – 1.00 p.m.		Attendance:	Full attendance is required during this course
Class Room Training in Cork City Venue:	9.00 a.m 17.15 p.m.	1	Cost of Training:	€2325 (this includes the external assessment)

#### PERSONAL DETAILS

First Name:	
Last Name:	
Email:	
Phone:	
Address:	
County:	
Current Occupation:	
Company Name: (Optional):	

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QUALIFICATIONS		
Qualifications	Year of Qualification	University/Institution

Recognition of Prior Learning (Minimum of 2	200 words) - Please	e outline your prior learnings and experience.
*Add Additional sheets if needed		
My objectives for Training in Mediation (Min	imum of 300 Word	ds)

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Where have you h	eard about us?			
Web Search	Colleague	Friend	Advert	
SELECTION AND	O CRITERIA.			
This form does not guar requirements.	rantee a place on the course	e. Places are offered depe	endent on availability & a	dmission
There is no course reser	rvation – only payment will	secure a place.		
	possible. Please contact the commencement of a paym	_	discuss same. A deposit	of 25% of the course
Cancellation Policy: You are eligible for a fu will incur the full course	ll refund if you cancel up to e fee.	o 7 days before the course	e begins. Cancellations m	ade after this time
GDPR				
holding that informa	your attendance or no tion on you. Booking so nsent to our sending yo	ubject to the terms a	nd conditions.	r
Your Signature:		Date:		
FORM SUBMISSIO	ON			
	istration form to info@ro	oundtable.ie		
FOR OFFICE USE	ONLY			
Date Received:				
Approved:		Yes No		
Approved By:				
Date Learner Notified	:			