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 2025 SEPTEMBER -NOVEMBER 2025

9th September	Online
11th September	Online
16th September	Online
18th September	Classroom
23rd September	Online

25th September	Online
30th September	Classroom
1st October	Online
14th October	Online
16th October	Online

21st October	Classroom
31st October 2025	Submission of Assignment
25th/26th/27th November 2025	External Assessment for certification

^{*}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. – 17.00 p.m.	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 he	ard about us?			
Web Search	Colleague	Friend	Adver	t
SELECTION AND	CRITERIA.			
This form does not guara requirements.	antee a place on the course	e. Places are offered de	pendent on availability	& admission
There is no course reserv	vation – only payment will s	secure a place.		
	ossible. Please contact the commencement of a paymo	_	to discuss same. A depo	osit of 25% of the cours
Cancellation Policy: You are eligible for a full will incur the full course	l refund if you cancel up to fee.	7 days before the cou	rse begins. Cancellations	s made after this time
GDPR				
holding that informat	your attendance or not ion on you. Booking sunsent to our sending yo	ubject to the terms	and conditions.	heir
Your Signature:		Date:		
FORM SUBMISSIO	N			
Please return the regis	stration form to info@ro	oundtable.ie		
FOR OFFICE USE	ONLY			
Date Received:				
Approved:		Yes No		
Approved By:				
Date Learner Notified:				