

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- SPRING/SUMMER 2026

March - May 2026

24th March	Online	16th April	Classroom	7th May	Online
26th March	Classroom	21st April	Online	18th May 2026	Submission of Assignment
31st March	Online	23rd April	Online	9th, 10th 11th June 2026	External Assessment for certification
2nd April	Online	28th, 29th, 30th April *	Classroom		
14th April	Online	5th May	Online		

*Participant to attend one of the external assessment days

TRAINING TIMES:

On line Training	9.00 a.m. – 1.00 p.m.
Class Room Training in Cork City Venue:	9.00 a.m. – 17.00 p.m.

ATTENDANCE & COST

Attendance:	Full attendance is required during this course
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 200 words) - Please outline your prior learnings and experience.

*Add Additional sheets if needed

My objectives for Training in Mediation (Minimum of 300 Words)

*Add Additional sheets if needed

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Where have you heard about us?

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SELECTION AND CRITERIA.

This form does not guarantee a place on the course. Places are offered dependent on availability & admission requirements.

There is no course reservation – only payment will secure a place.

A payment pathway is possible. Please contact the training administrator to discuss same. A deposit of 25% of the course fee must be paid at the commencement of a payment pathway.

Cancellation Policy:

You are eligible for a full refund if you cancel up to 7 days before the course begins. Cancellations made after this time will incur the full course fee.

GDPR

For the purposes of GDPR you consent to our holding information on you and informing The MII of your attendance or not at the training. You also consent to their holding that information on you. Booking subject to the terms and conditions. You confirm your consent to our sending you details of further training courses

Your Signature:

Date:

FORM SUBMISSION

Please return the registration form to info@roundtable.ie

FOR OFFICE USE ONLY

Date Received:	
Approved:	Yes ☐ No ☐
Approved By:	
Date Learner Notified:	