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

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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

^{*}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.	Cost of Training:	€2450 (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	eard about us?		
Web Search	Colleague	Friend	Advert
SELECTION AND	CRITERIA.		
This form does not guar requirements.	antee a place on the course	e. Places are offered depend	lent on availability & admission
There is no course reser	vation – only payment will	secure a place.	
	ossible. Please contact the commencement of a paym	_	iscuss same. A deposit of 25% of the cour
Cancellation Policy: You are eligible for a ful will incur the full course	-	o 7 days before the course k	oegins. Cancellations made after this time
GDPR			
holding that informa	tion on you. Booking s	ot at the training. You a ubject to the terms and ou details of further tra Date:	l conditions.
Tour Signature.		Date:	
Please use the pen tool in the r	relevant program to sign the doc	ument.	
	stration form to info@re	oundtable.ie	
FOR OFFICE USE	ONLY		
Date Received:			
Approved:		Yes No	
Approved By:			
Date Learner Notified	:		