

**MEDIATOR ADMINISTRATOR
APPLICATION FORM**

Please ensure this form is completed and returned by 6 June to: admin@lambethmediation.org.uk.

1. APPLICANT'S DETAILS

Title:	Surname:	First name:

DATE OF BIRTH:

Home address:

Telephone: please include full STD code

Mobile:

Home:

Email Address:

Do you hold a current driving licence?	Yes/ No
Do you speak any languages?	Yes/ No
If yes, which ones?	
Do you have experience of SEND?	Yes/ No

How did you hear about this post? (please circle the most appropriate one)

LinkedIn
 On-line Job recruitment agency
 Via a network
 Word-and-mouth
 Other

2. SUPPORTING STATEMENT (MAXIMUM 2 SIDES A4)

Having read the job description please outline in the space provided your relevant knowledge, skills, and experience to support your application. Some headings have been provided to help structure your response. Please check your supporting statement does refer to the job description and specification.

1. Which skills knowledge and experience do you have to provide the main duties and responsibilities of this

2. Which skills knowledge and experience do you have to ensure LMS provide a high-quality service to all its customers whether by telephone, email, or verbally?

3. Which skills knowledge and experience do you have that will ensure the LMS team is provided with efficient administrative support?

4. What other knowledge, skills or experience do you have that would be useful to this post such as mediation and restorative justice?

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3. REFERENCES

Please give name, address and position/occupation of two referees, not related to you, who have consented to be contacted on your behalf. One must be your present or most recent employer.

1. Reference
Name:

Capacity in which you know them:
Position:
Organisation:
Address:
Tel:
Email:

2. Reference
Name:
Capacity in which you know them:
Position:
Organisation:
Address:
Tel:
Email:

4. CONFIDENTIAL PROFILE

Please complete this profile for the purpose of monitoring. Thank you.

1. PERSONAL DETAILS

Surname:	First Names:
Female <input type="radio"/> Male <input type="radio"/>	Date of birth:
Age Group: Under 25 <input type="radio"/> 25-45 <input type="radio"/> 46-60 <input type="radio"/> Over 60 <input type="radio"/>	

2. ETHNICITY

Which group do you most identify with? Please tick only ONE box.

A. White

British Irish

Any other White background – please specify:

B. Black

British Caribbean African

Any other Black background – please specify:

C. Asian

British Indian Pakistanio Bangladeshi

Any other Asian background – please specify:

D. Mixed

White and Black Caribbean White and Black African White and Asian

Any other Mixed background – please specify:

E. Chinese

Chinese

F. Any other Ethnic Origin.

Any other ethnic origin - please specify:

3. LANGUAGE

Please tell us what your mother tongue is: English

Please list any other language that you speak fluently other than English: French

4. RELIGION

Please tell us your religion if any:

5. DISABILITY

Do you have a health problem or disability which may be relevant to your application?

Yes

No

6. DECLARATION AND SIGNATURE

I declare that the information on this form is to my knowledge true and correct and that I have not withheld any facts, which would affect my application. I further declare that if accepted as a volunteer mediator I will be willing to commit two afternoons or evenings a month to carrying out visits and mediations on behalf of LMS and to attend supervision sessions by arrangement.

Signed:

Print name:

Date :

Thank you for taking the time to complete this application form. Please return it by 6 June 2024 with your most recent CV which outlines in chronological order (with the most recent first) your qualifications and work experience to: admin@lambethmediation.org.uk.

Please entitle the e-mail: Mediator Administrator Application 2024.