

Appendix 5

EVIDENCE CLAIM - FRONT PAGE To Be Completed by Applicant:

Date portfolio submitted for assessment To be completed by admin/assessors: Names of Assessors assigned Date Signed as assessed by assessors Signatures RESULT (PASS or FAIL): (see	Name	
E-mail address Date portfolio submitted for assessment To be completed by admin/assessors: Names of Assessors assigned Date Signed as assessed by assessors Signatures RESULT (PASS or FAIL): (see	Address	
Date portfolio submitted for assessment To be completed by admin/assessors: Names of Assessors assigned Date Signed as assessed by assessors Signatures RESULT (PASS or FAIL): (see	Name of Service	
To be completed by admin/assessors: Names of Assessors assigned Date Signed as assessed by assessors Signatures RESULT (PASS or FAIL): (see	E-mail address	
To be completed by admin/assessors: Names of Assessors assigned Date Signed as assessed by assessors Signatures RESULT (PASS or FAIL): (see	Date portfolio submitted for	
Admin/assessors: Names of Assessors assigned Date Signed as assessed by assessors Signatures RESULT (PASS or FAIL): (see		
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Names of Assessors assigned Date Signed as assessed by assessors Signatures RESULT (PASS or FAIL): (see	To be completed by	
Date Signed as assessed by assessors Signatures RESULT (PASS or FAIL): (see	admin/assessors:	
Signatures RESULT (PASS or FAIL): (see	Names of Assessors assigned	
RESULT (PASS or FAIL): (see	Date Signed as assessed by assessors	
	Signatures	
Appendix 3 for feedback)	RESULT (PASS or FAIL): (see Appendix 3 for feedback)	



EVIDENCE CLAIM FORM

Please indicate the ways in which you meet the Standards in the form below. It may be acceptable in some circumstances to submit evidence in a different form. Please see the standards for further details.

Supporting evidence can be attached either physically or electronically, with each piece of evidence clearly numbered. Where appropriate use reference to your case study as evidence - do not duplicate information.

1. Core Standards

Standard	Evidence	Evidence No.	Assessors' Decision
1.a Successfully completed an SCMN-approved training course or one deemed by SCMN to be of equivalent standard.			
1.b Participated in at least five mediations - totalling no less than 6 hours of mediation - in which at least 2 are mediation meetings.			
1.c Undertake a minimum of 12 hours CPD a year.			
1.d Operate within the Scottish Mediation Network 'Guidelines On The Practice Of Mediation'.			



EVIDENCE CLAIM FORM (continued)

2.a) Basic Principles	Evidence	Evidence No.	Assessors' Decision
2.a.i Understanding of the basic models, principles and ethical dimensions of mediation.		110.	
2.a.ii Understanding of basic theories of conflict and negotiation.			
2.a.iii Understanding of the legal and social background to community mediation in Scotland.			



EVIDENCE CLAIM FORM (continued)

2.b First Contact With Clients	Evidence	Evidence No.	Assessors' Decision
2.b.i Establish contact with clients appropriately.			
2.b.ii Introduce the concept of mediation positively and effectively, including principles of confidentiality and impartiality.			
2.b.iii Assist clients in deciding whether they will use the service offered.			





EVIDENCE CLAIM FORM (continued)

2.c Building Interaction With Clients	Evidence	Evidence No.	Assessors' Decision
2.c.i Communicate with clients in a manner that builds empathy and encourages positive and honest participation in the process.		NO.	
2.c.ii Recognise and work with expressions of emotion.			
2.c.iii Assist clients to identify and explore issues and concerns about the conflict and about engaging with the mediation service.			



EVIDENCE CLAIM FORM (continued)

2.d Preparing Clients For	Evidence	Evidence	Assessors' Decision
Mediation		No.	
2.d.i Ensure the client's			
understanding of the			
mediator's role, their own			
expectations of the process,			
what will be expected of			
them, and how the mediation			
will be managed.			
2.d.ii Agree the issues and concerns to be discussed in the mediation process and identify issues or concerns that cannot be appropriately dealt with by mediation.			
2.d.iii Establish whether the client is able to give their informed consent to participating in the mediation.			



EVIDENCE CLAIM FORM (continued)

2.e Conducting The Mediation	Evidence	Evidence No.	Assessors' Decision
2.e.i Create a positive environment and cover introductions, the mediation structure, practical arrangements (e.g. health & safety) and ground rules clearly and comprehensively.			
2.e.ii Conduct the initial part of the mediation process so that all clients are able to voice their issues, concerns and hopes.			
2.e.iii Explore issues constructively and creatively with all clients, demonstrating impartiality, an ability to recognise and address power imbalances, and an ability to address inappropriate interactions.			



EVIDENCE CLAIM FORM (continued)

2.f Assisting Clients Toward	Evidence	Evidence	Assessors' Decision
Agreement		No.	
2.f.i Creatively assist clients			
in building agreement without			
proposing solutions.			
2.f.ii Assist clients to build			
and secure agreements and to			
test their practicality and			
appropriateness.			
2.f.iii Record and process			
agreements in a mutually acceptable way and establish			
any agreed next steps with			
the clients.			





Appendix 3

CASE STUDY NUMBER	CANDIDATE NAME	DATE SUBMITTED

Please provide two case studies of mediation cases no more than two years old which have resulted in mediation meetings. It may be acceptable in some circumstances to submit case studies in a different form. Please see section 3.2 of the Mediator Accreditation Standards for further details.

CONTEXT (Referral source, presenting issues, allocation process etc.)	
NARRATIVE	



Appendix 3

This page to be completed by assessors
Feedback on portfolio, interview and evidence claim form:



Appendix 4

Please sign this document only if you can confirm to the best of your knowledge that the evidence submitted by the candidate is accurate and a true eflection of their skills and knowledge. If you have any questions or concerns please contact the Centre for further details.
OMMENTS
can confirm that, to the best of my knowledge, the evidence presented by the candidate is accurate and a true reflection of their skills and nowledge.
ignature:
delationship to candidate:

CANDIDATE NAME

LINE MANAGER NAME