



Assistant Mediator / Co-mediation Mentorship Scheme

Policies:

1. The agency provides a co-mediation mentorship scheme through which our accredited supervisors will co-mediate a case with those accredited mediators who wish to enhance their professional skills and to gain experiences in actual mediation practice.
2. The agency charges a standard rate of HK\$800 per hour for the Co-mediation Mentorship Scheme. Mentorship fees should be made by crossed cheque payable to “The Hong Kong Catholic Marriage Advisory Council”.
3. The agency provides only Cantonese speaking case for the practice.

Operational Procedures:

1. Any accredited mediator (hereinafter referred to as applicant) interested in the Co-mediation Mentorship Scheme of HKCMAC must fill out an application form. The completed form should be directed to the Mediation Supervisor, Marriage Mediation Counselling Service, HKCMAC by fax (Fax No.: 2385 3858) or by mail. Mailing Address: Units 101-105, M2 Level, Tsui Cheung House, Tsui Ping (North) Estate, Kwun Tong, Kowloon. (Email address: mmcs@cmac.org.hk).
2. Upon receipt of application, an acknowledgement will be sent to the applicant.
3. Applicant with no preference of supervisor will be assigned an immediately available supervisor on the staff list of HKCMAC.
4. Applicant with preference of supervisor will be assigned a supervisor according to the order of priority specified. If all of the proposed supervisors are not immediately available, the applicant will be put on the waiting list for the supervisor.
5. A notice of Matching of Mediation Supervisor will be sent to the applicant as soon as possible. The supervisor will be responsible for the necessary arrangements pertaining to the provision of service.



The Hong Kong Catholic Marriage Advisory Council

Assistant Mediator / Co-mediation Mentorship Application Form

(A) Name : (In English) _____ (In Chinese) _____ Sex : _____

Work Address : _____

Correspondent Address : _____

Phone Number : (Mobile) _____ (Office) _____

E-mail address : _____ Fax : _____

Organization / Firm : _____

Profession : _____ Job Title : _____

(B) Qualifications

(1) Academic : _____

(2) Family Mediation Course (Basic and Advanced)

Attended 60 hours : Yes no (if no, _____ hours)

Date : _____ Instructor's Name : _____

Organization : _____

(3) Year of Accreditation : _____ Accredited by : _____

(C) Relevant Experiences

(1) Work Experiences :

Organization	Position	From	To	Remarks

(2) Other Disputes Resolution Experiences : _____

(D) Language Capacity

Spoken : _____ Written : _____

Signed: _____

Date: _____