

Application for inclusion on the SAMLA Register of Medical Mediators

I, _____ (full name)
hereby apply to have my name included on the SAMLA Register of Medical Mediators.

Please include my details on the register as follows:

1. Title: _____
2. Profession: _____
3. ID number: _____
4. Office telephone No: _____
5. Mobile phone No: _____
6. Email address: _____
7. Language proficiencies: _____
8. Physical address of office or practice:

9. Name/s of Professional Registration Authority or Authorities with which I am registered (e.g. LPC - HPCSA – Nursing Council etc):

10. Name/s of Mediation Training Institution/s in which I was trained in mediation:

11. Name/s of Mediation Accreditation Authority or Authorities that has/have accredited me as a mediator:

12. Please include my name under the following category on the register? (Please answer "Yes" or "No" next to each of the following categories):

- a. Health Sector Commercial Mediator. _____
- b. Technical Medico-Legal Mediator (Personal Injury). _____
- c. Technical Medico-Legal Mediator (Clinical Negligence). _____

I will apply to update my category or categories if and when necessary in future.

13. I would like to be invited to observe Medical Mediations. (Yes or No?)

14. I am willing to provide my services free of charge for the pilot projects. (Yes or No?)

15. My normal fees for mediation services will be : R_____ .00 per hour.

R_____ .00 per day.

16. Please find copies of the following documents attached to this application.

- a. Proof of registration by relevant Professional Registration Authority.
- b. Proof of accreditation as a mediator by relevant Mediation Accreditation Authority.
- c. Signed copy of SAMLA Code of Conduct.
- d. Signed copy of the SAMLA Guidelines and Protocol for Medical Mediation;
- e. Curriculum Vitae, with ID and recent photograph.

AUTHORIZATION

In accordance with the POPI Act, I hereby authorize SAMLA to provide copies of the above documentation, which contains my personal information, to parties or clients who wish to appoint a medical mediator.

AFFIRMATION

By signing this application I affirm that I am in good standing with the Professional Registration Authority or Authorities indicated above; that I am a member in good standing of SAMLA; that I have read and accept the provisions of the SAMLA MOI; that I have read and understood the SAMLA Code of Conduct; and that I have read and understood the SAMLA Guidelines and Protocol for Medical Mediation.

PLEDGE

By signing this application I pledge to act in accordance with the ethical standards of the SAMLA Code of Conduct, and to conduct my mediation practice in accordance with the SAMLA Guidelines and Protocol for Medical Mediation.

NB: Please forward this signed application form plus above supporting documents to info@samla.org.za

Signed

Date