

**ICMTA Witnessing & Mediation Service -**

**APPLICATION FORM V1.1**

Name:

ICMTA membership number:

Email:

Country:

Spoken language(s):

Are you comfortable enough with the English language to be able to go through this process in English? If not, what is your preferred language?

Please agree to the following statement:

𐀣 I have read and understood both the **ICMTA Witnessing & Mediation Service V1.1** andthe **ICMTA Witnessing & Mediation Service - Boundaries of Service V1.1**

Can you describe the problem you experience right now?

What reasonable attempts have you made to resolve the situation directly by accessing your own networks & resources?

What help was provided?

What actions were taken?

What help do you need right now?

What outcome do you want to result from this process?

Thank you for submitting the **ICMTA Witnessing & Mediation Service Application Form.**