***Expression of Interest Form – NSW Department of Education Dispute Resolution Panel***

*To submit your interest, please submit the form below.*

|  |  |
| --- | --- |
| Name: |  |
| Membership level: | Fellow / Professional |
| Accreditation(s): |  |
| Email: |  |
| Contact Number: |  |
| Region within NSW: |  |
| Working with children check number: |  |

*Please provide a response for each question:*

|  |
| --- |
| 1. Number of years’ experience in dispute resolution |
|  |
| 2. Number of mediations conducted |
|  |
| 3. Details of cultural diversity training (or equivalent) |
|  |
| 4. Languages spoken |
|  |
| 5. Name and contact details of 2 referees who can attest to your dispute resolution experience (referees will only be contact with your permission) |
|  |
| 6. Other relevant personal information |
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