***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  |
|  |