

**APPLICATION FOR INCLUSION ON THE HKIA/HKIS  
JOINT PANEL OF MEDIATORS**

**CRITERIA**

The Mediators admitted onto the HKIA/HKIS Joint Panel of Mediators have to satisfy the following requirements:-

1. HKMAAL accredited Mediators; and
2. 7 years post qualification experience of either HKIA or HKIS membership.

*HKIA/HKIS JPM\_Criteria for application (Feb 2014 edition)*

**APPLICATION FOR ACCREDITATION FOR MEMBERSHIP OF THE HKIA/HKIS JOINT PANEL OF MEDIATORS**

**Personal Information:**

Name: Mr/Ms/Miss/Mrs\* \_\_\_\_\_ Chinese Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Membership No.: HKIA/HKIS\* \_\_\_\_\_

Date of qualification as a professional member of HKIA/HKIS: \_\_\_\_\_

Firm/Company: \_\_\_\_\_

Position: \_\_\_\_\_

Correspondence address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Language capable of being used in mediation

Spoken: \_\_\_\_\_ Written: \_\_\_\_\_

Professional and academic qualifications (please state year in which the qualification was obtained):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brief employment history (please state the year of your employment/practice):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:**

1. Please print in filling in this form.
2. If there is insufficient space provided, please provide the details on separate paper.
3. Please put in N/A if any section is not applicable for your case.
4. Upon satisfying the requirement for accreditation for membership of the HKIA/HKIS Joint Panel of Mediators (“the Panel”), which is: HKMAAL accredited Mediators and at least 7 years post-qualification experience as HKIA/HKIS professional member, or equivalent, and payment of administration fee, an applicant will be included onto the Panel.
5. Applicants are drawn to the attention of the following pursuant to the Personal Data (Privacy) Ordinance:
  - (1) the personal data provided in this application form and the information in support will be used solely for the purpose of assessment for accreditation as a mediator on the Panel and will be dealt with by staff of HKIA/HKIS and the relevant handling committee members.
  - (2) after the procedure for the above assessment has been completed, the application forms will be retained by the HKIA/HKIS for so long as it is appropriate.
  - (3) applicants have the right to request access to an request for the correction of their personal data retained by the HKIA/HKIS.
6. The completed application form should be returned to :

Secretariat  
HKIA/HKIS Joint Dispute Resolution Committee  
The Hong Kong Institute of Architects  
19/F One Hysan Avenue  
Causeway Bay  
Hong Kong
7. Any enquiries can be addressed to the JDRC Secretariat (address as above), telephone 2511 6323, fax 2519 6011.

**Declaration:**

1. I have read and agreed to the above notice concerning personal data.
2. I authorize the HKIA/HKIS, its staff employees and members of the relevant committees to deal with use and assess the data submitted by me for purposes in connection with my application herein.
3. I acknowledge and agree that my personal data will be retained by the HKIA/HKIS and be used for any purpose deemed appropriate by the HKIA/HKIS.
4. I declare that the information provided in this form and the information submitted in support of this application are accurate true and complete. I acknowledge that any misrepresentation will lead to disqualification of my application and the revocation of my accreditation as a mediator of the HKIA/HKIS Joint Panel of Mediators.
5. I confirm that I will abide by the Code of Conduct and Practice Notes as may be published from time to time by the HKIA/HKIS.
6. I agree that any information contained in this information may be disclosed by HKIA/HKIS for purposes in connection with assessment recommendation nomination or appointment of mediators.
7. I agree to abide by any requirement in relation to continuous professional development as may be published from time to time by the HKIA/HKIS for members on the Panel, failing which the accreditation may be revoked.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_

\* delete as appropriate.