

## **APPLICATION FORM FOR REGISTRATION AS MEDIATOR /ARBITRATOR AT TAMI**

### **Become a mediator / arbitrator at TAMI**

To submit your application as a future mediator / arbitrator, you will have to:

- Fill in the registration form containing the basic information;
- Describe your fields of knowledge and experience according to the format requested by TAMI;
- Enclose a detailed CV with photo and two letters of recommendation.

### **List of mediators / arbitrators**

It is the main objective of the TAMI list of mediators and arbitrators to help parties in identifying potential mediators and arbitrators. The mediator or arbitrator must have relevant experience and expertise, knowledge of the sector, and a good understanding of the commercial background of the subject-matter of the dispute. There is a twofold objective as to the information to be provided for inclusion in the list of TAMI mediators and arbitrators:

- on the one hand to facilitate the evaluation by the selection committee in consideration of admittance, and
- on the other hand to give the users of the list all information necessary to choose a mediator or arbitrator who has the expertise and experience needed for the particular dispute. The second aspect is very important as it is the very purpose of the TAMI list of mediators and arbitrators to help its users identifying a person suitably qualified to assist the parties as their mediator or to decide on their case.

### **Selection committee**

The board of TAMI is the selection committee of TAMI

**I would like to enlist as**

- Arbitrator
- Mediator

**A. Your personal information**

Surname	<input type="text"/>	Initials	<input type="text"/>		
Surname prefix	<input type="text"/>	M/F	<input type="text"/>		
Known as	<input type="text"/>	Titles before name	<input type="text"/>	Titles after name	<input type="text"/>
Date of birth	<input type="text"/>	Place of birth	<input type="text"/>		
Company name	<input type="text"/>	Self-employed/ Director and major shareholder Y/N	<input type="text"/>		
Visiting address, postal code and place name	<input type="text"/>			Postal address, postal code and place name	<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>		
E-mail	<input type="text"/>	Website	<input type="text"/>		

**B. Your area of expertise, professional organisation (PO) and the year since when you practice the profession and are a member of a professional organisation**

Area of expertise	<input type="text"/>	Since	<input type="text"/>
Professional organisation	<input type="text"/>	Member since	<input type="text"/>

The requirements for admission and the obligations of membership of the PO etc.

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Discipline has legal framework | <input type="checkbox"/> Education         | <input type="checkbox"/> Experience      | <input type="checkbox"/> Certification    |
| <input type="checkbox"/> Peer supervision/assessment    | <input type="checkbox"/> Lifelong learning | <input type="checkbox"/> Code of conduct | <input type="checkbox"/> Disciplinary law |

**C. Specialist area(s) within your area of expertise and recognition thereof by the PO**

<input type="text"/>	Recognised by the PO <input type="checkbox"/>
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Recognised by the

PO **D. Technical study (studies) and the year the study (studies) was (were) attested by a diploma** Year 

Technical area(s) you wish to be registered for

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Automotive engineering technology | <input type="checkbox"/> Chemical technology | <input type="checkbox"/> Civil engineering                | <input type="checkbox"/> Computer               |
| <input type="checkbox"/> Electrical engineering            | <input type="checkbox"/> Geotechnics         | <input type="checkbox"/> Graphical technique              | <input type="checkbox"/> Information technology |
| <input type="checkbox"/> Installation technology           | <input type="checkbox"/> Aviation technology | <input type="checkbox"/> Measuring and control technology | <input type="checkbox"/> Metalwork              |
| <input type="checkbox"/> Process technology                |  |   |   |

**E. Other remarks and circumstances (potentially) relevant for the assessment of your application**

The undersigned declares that the above information indicated using this form and its appendices is accurate and complete.

Place date and signature

Please send this form undersigned and with the relevant appendices by e-mail to [secretariaat@tami.nl](mailto:secretariaat@tami.nl) or via mail to TAMI, Ten Hagestraat 5A, 5611EG Eindhoven. We will contact you within two weeks.

The following documents have been annexed

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Identification | <input type="checkbox"/> Proof of membership of PO | <input type="checkbox"/> Diploma of technical training | <input type="checkbox"/> Ch. of Comm. extract (self-employed or Director and major shareholder ) |
|---|--|--|--|