##

## PLEASE TYPE OR PRINT WHEN COMPLETING FORM

**Applicant’s Name:**

 **Commercial Mediation**

 **Family Mediation**

**Referee Name: Job Title:**

**Referee’s Organisation:**

Email:

Tel No:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Excellent** | **Very good** | **Satisfactory** | **Unsatisfactory** |
|  |
| **Technical competence** |  |  |  |  |
| **Attention to detail** |  |  |  |  |
| **Standard of work** |  |  |  |  |
| **Honesty/integrity** |  |  |  |  |
| **Decision making ability** |  |  |  |  |
| **Communication Skills** |  |  |  |  |

**Please comment briefly on the following:**

**Confirm your working relationship with the Applicant:**

**How long have you known the Applicant?**

**Applicant’s major strengths:**

**Ability to work under pressure/meet deadlines:**

**Other comments / Are you aware of any other issues?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** |  | **No** |
| **In your opinion does the Applicant have the necessary skills to be accredited as a specialist?** |  |  |  |
|  |  |
| **Are you available should we wish to contact you directly?** |  |  |  |

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**Signature Date**

**If completing electronically, please type in your name and date.**

**Please return the form by email to:** **specialistaccreditation@lawscot.org.uk****. When saving the completed document, please do not enable macros as this will delay email delivery of the completed reference.**