



**THE UNITED REPUBLIC OF TANZANIA  
THE CIVIL PROCEDURE CODE, CAP 33  
APPLICATION FOR ACCREDITATION**  
Made under Regulation 5(1)

Full Name: \_\_\_\_\_  
 Name to be displayed on Certificate: \_\_\_\_\_  
 Name of firm or organization: \_\_\_\_\_  
 Mailing address (All general mail will be sent to this address): \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email (email will be the main method of communication): \_\_\_\_\_  
 \_\_\_\_\_

NOTE: In the statement below tick “Yes” if you agree.

1. I have read and understood my obligations under the Reconciliators, Negotiators, Mediators and Arbitrators (Accreditation) Regulations 2020 Yes No
2. The Code of Conduct for ..... require Reconciliators, Negotiators, Mediators or Arbitrators who apply to be accredited to provide evidence of ‘good character’. With respect to the requirement to be of ‘good character’, thus:
  - a. I have provided evidence that I am regarded as honest and fair, and that I am regarded as suited to practice Reconciliators, Negotiators, Mediators or Arbitrators(tick only one box as appropriate) by reference to your life, social and work experience. Please provide written references from three members of the community who have known you for more than three years demonstrating your good character.
  - b. I have submitted three written reference reports (annexure A) from persons listed below who can attest to my competence and my involvement in this area of practice, one of them being from the Local Government Authority in my locality Yes No

**Referee No. 1:**

Name: \_\_\_\_\_  
 Professional Title: \_\_\_\_\_

Firm/Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Referee No. 2.**

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

Professional Title: \_\_\_\_\_

Firm/Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Referee No. 3.**

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

Professional Title: \_\_\_\_\_

Firm/Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

- c. I am willing to be submitted for character check area that I will practice Yes No
- d. I have no record of serious conviction or impairment that could influence my capacity to discharge my obligations in a competent, honest and appropriate manner Yes No
- e. I have submitted documentary evidence that I am accredited with an existing scheme that has existing 'good character' requirements that I comply with (for example, by referring to an existing Professional Association, School of Law, or Bar Association, where relevant) Yes No.
- f. I have not been disqualified to practice by another professional association relating to any other profession (for example, a Professional Association, School of Law, or Bar Association) Yes No, if 'No' please explain the circumstances under which you have previously been removed. \_\_\_\_\_

- g. I have not been suspended from acting as a mediator under the standards Yes No
- h. I undertake to comply with any relevant legislation and any other approval requirements that may relate to particular schemes Yes No

**3. Training and education**

- a. I have provided documentary evidence that I have appropriate reconciliation, negotiation, mediation or arbitration (tick only one box) competence, by reference to applicable practice standards, as well as my qualifications, training and experience Yes No.
- b. I have provided the name of the education and training course(s) I have undertaken and in what year the said courses(s) were completed Yes No.
- c. I confirm that the education and training course(s) satisfy the following:
  - i. was conducted by a training team comprised of a at least two instructors where the principal instructor[s] has more than three years' experience as a Reconciliators, Negotiators, Mediators or Arbitrators (tick only one box

- as appropriate) and has complied with the continuing accreditation requirements set out in Para. 6 of the Approval Standards for that period and has at least three years' experience as an instructor Yes No; and
- ii. has assistant instructors or coaches with a ratio of one instructor or coach for every three course participants in the final coached simulation part of the training and where all coaches and instructors are accredited; Yes No;
  - iii. is a program of a minimum of 38 hours in duration (which may be constituted by more than one mediation workshop provided not more than twelve months has passed between workshops), excluding the assessment process referred to in Section 5(2) of the Approval Standards Yes No; and
  - iv. involves each course participant in at least nine simulated sessions and in at least three simulations each course participant performs the role of Reconciliators, Negotiators, Mediators or Arbitrators (tick only one box as appropriate) Yes No; and
  - v. provides written, debriefing coaching feedback in respect of two simulated sessions to each course participant by different members of the training team Yes No.
- d. I have completed to a competent standard a written skills assessment of Reconciliators, Negotiators, Mediators or Arbitrators (tick only one box as appropriate) competence Yes No.
- e. I have worked as a Reconciliators, Negotiators, Mediators or Arbitrators (tick only one box as appropriate) prior to submitting this application and have experience, training, and education that will satisfy the Panel that I am equipped with the skills, knowledge and understandings set out in the core competencies referred to in the Practice Standards
- f. AGREEMENT AND SIGNATURE: I, \_\_\_\_\_ being an applicant for accreditation as a Reconciliators, Negotiators, Mediators or Arbitrators (tick only one box as appropriate) under the Reconciliators, Negotiators, Mediators and Arbitrators (Accreditation) Regulations 2020,
- i. Consent to the Panel, making such enquiries as it sees to determine my eligibility and suitability for accreditation.
  - ii. Agree to accept the terms and conditions for accreditation as set out in the Panel.
  - iii. If accredited, agree to comply with the laws and other applicable instruments and any rulings of the Panel relating to accreditation or reaccreditation.
  - iv. Certify that the content of this application is true and correct to the best of my knowledge.

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

**Annexure A: REFERENCE FOR A DISPUTE RESOLUTION PRACTITIONER SEEKING ACCREDITATION UNDER THE RECONCILIATORS, NEGOTIATORS, MEDIATORS AND ARBITRATORS (PRACTITIONERS ACCREDITATION) REGULATIONS, 2020**

Applicant s Name: \_\_\_\_\_

The practitioner named above has applied for accreditation under the above cited Regulations. To become accredited as a Reconciliator, Negotiator, Mediator or Arbitrator (tick only one box as appropriate) a practitioner needs to be eligible and competent. The practitioner must enjoy standing and regard in the profession. The applicant needs to provide evidence that they are regarded as honest and fair, and that they are regarded as suited to practice reconciliation, negotiation, mediation or arbitration (tick only one box as appropriate) by reference to their life, social and work experience. Please provide this written reference if you have known the applicant for more than three years demonstrating his/her good character. The Referees report is to be based on their objective and direct knowledge of the Applicants competence. Please answer the questions below with care.

As far as legally possible your response will be kept confidential. Please return this form to:

The Registrar,  
Ministry of Constitutional and Legal Affairs,  
Government City,  
Mtumba Area,  
Katiba Street,  
P.O. Box 315,  
.....DDOMA, TANZANIA  
Email: [km@sheria.go.tz](mailto:km@sheria.go.tz)

Name of the referee: \_\_\_\_\_

Current Occupation (include name of firm if partner or employee): \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_

2. How have you come to know of the Applicants work? \_\_\_\_\_

3. Set out your views of the Applicants competence as a Reconciliator, Negotiator, Mediator or Arbitrator(tick only one box as appropriate)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please indicate by ticking the box against the appropriate number the extent to which you support the Applicants application for accreditation?

1 = Do not support

2 = Support with some reservation

3 = Totally support

Please give brief reasons for your answer

\_\_\_\_\_  
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5. Please feel free to make any further comments you wish to in relation to this application.

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Signed: \_\_\_\_\_