

**Hong Kong Family Welfare Society**  
Application Form  
For Provision of Family Mediation Service under  
Maintenance Mediation Pilot Scheme

**Notes for Applicants**

Service providers are not employees of Hong Kong Family Welfare Society, and therefore are not entitled to any employment-related fringe benefits.

**The following notes give guidance on how to complete the application form:**

1. Please ensure that all parts in the form are completed and the information is accurate.
2. Provision of all the personal data requested in the form is obligatory. Please particularly note that applicants may be required to provide specific details to support their application.
3. The personal data provided in this form will be used for this application and other related purposes such as criminal record check by Hong Kong Police Force.
4. All information on unsuccessful applicants will normally be destroyed 12 months after rejection of the application. Information on successful applicants will be kept as long as their names remain on the List of Panel Family Mediators of Hong Kong Family Welfare Society until provision of service ceases.
5. Application will not be considered if applicants fail to provide all information as required.
6. Hong Kong Family Welfare Society has no obligation to inform unsuccessful applicants of the reason for their applications not being successful.

**PART I - PERSONAL PARTICULARS**

1.1 Name (English): (Surname) \_\_\_\_\_ Mr./Mrs./Miss/Ms\*

(Other names) \_\_\_\_\_ (in full)

(Chinese): \_\_\_\_\_

1.2 Hong Kong Identity Card/Passport No.\*: \_\_\_\_\_

1.3 Profession (English): \_\_\_\_\_

(Chinese): \_\_\_\_\_

1.4 Name of Employer (if any) (English): \_\_\_\_\_

(Chinese): \_\_\_\_\_

1.5 Position in Organization (English): \_\_\_\_\_

(Chinese): \_\_\_\_\_

1.6 Correspondence Address (English): \_\_\_\_\_

(Chinese): \_\_\_\_\_

1.7 Telephone No.: (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_

1.8 Fax No.: \_\_\_\_\_

1.9 Email Address: \_\_\_\_\_

1.10 Academic Qualification (Institutes and year obtained):  
\_\_\_\_\_

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\* Please delete as appropriate

**PART II – RELEVANT EXPERIENCE AND INFORMATION**

2.1 Accreditation of Family Mediation:

- (i) Family Mediator on Panels of the Hong Kong Mediation Accreditation Association Limited (HKMAAL):

Yes / No\*  
*(If yes, please attach certificate from HKMAAL and note item 4.4)*

- (ii) Date obtained (Month/Year): \_\_\_\_\_

- (iii) Practising family mediation since (Month/Year):  
 \_\_\_\_\_

- (vi) Approximate No. of family mediation cases handled in the past 2 years:  
 \_\_\_\_\_

2.2 Relevant Experience in the Fields of Family Law or Family Welfare/  
 Counselling:

*(If there is insufficient space, please give details on a separate sheet to be attached to the Entry Form.)*

Date	Name of Organization	Type of Work

2.3 Enrollment on the list of Accredited Family Mediators for the Integrated  
 Mediation Office

Yes  No

\_\_\_\_\_

\* Please delete as appropriate

2.4 Language and Dialect Proficiency:

(i) I have the skills and expertise in the following language/dialect#:

- English       Cantonese       Putonghua  
 Others (Please specify) \_\_\_\_\_

(ii) I have the skills and expertise in drafting documents in#:

- English       Chinese  
 Others (Please specify) \_\_\_\_\_

2.5 Family Mediation Service Offered:

(i) Capacity:

I will provide the following family mediation service in the capacity of#:

An employee of an employment organization:

Name of Employment Organization:

(English) \_\_\_\_\_

(Chinese) \_\_\_\_\_

A family mediator in private practice

(ii) Venue for Mediation Appointments#:

I will not provide venue.

I will provide venue as follows:

(English) \_\_\_\_\_

(Chinese) \_\_\_\_\_

(iii) Time available for Mediation Appointments:

*(Please specify the exact time, e.g. Mondays to Sundays,  
10:00 a.m. – 9:00 p.m.)*

\_\_\_\_\_

# Please check the box and provide information as appropriate

## PART III – PROFILE SUMMARY (For Service User’s Review)

Name (Mr./Mrs./Miss/Ms) 姓名 (先生/太太/小姐/女士*)		
Profession 專業		
Name of Accreditation Body 調解員資格認可機構		
Year of Accreditation 取得調解員資格年份		
Place of Accreditation 取得調解員資格地方		
Practising Family Mediation since 從事家事調解工作自		
No. of Family Mediation Cases Handled In The Past 2 Years 過去兩年處理家事調解個案數目		
Language / Dialect Proficiency 語言能力	Spoken 交談	
	Written 書寫	
Name of Organization (if applicable) 服務機構 (如適用)		
Venue for Mediation Appointment 調解會面地址		
Time for Mediation Appointment 調解會面時間		
Telephone No. 電話	(Office):	
	(Mobile):	
Email Address 電郵地址		

## **PART IV - DECLARATION**

- 4.1 I declare that the information provided in this Application Form is accurate to the best of my knowledge and belief.
- 4.2 I understand that I am not employee of Hong Kong Family Welfare Society, and therefore are not entitled to any employment remuneration or fringe benefits.
- 4.3 I understand that the information provided in this Application Form namely, the mediator's name, profession, name of accreditation body, year and place of accreditation, the year commencing practising family mediation, no. of family mediation cases handled in the past 2 years, language/dialect proficiency (spoken and written), name of the organization (if applicable), venue and time for mediation appointment, telephone and fax number may be included in the **List of Panel Family Mediators for Maintenance Mediation Pilot Scheme** at the discretion of the Mediation Centre of Hong Kong Family Welfare Society and may be accessible to members of the public upon enquiry.
- 4.4 I agree to notify the Senior Coordinator (Mediation Services) as soon as possible:
- (i) if there is any change in the information provided in this Application Form; and
  - (ii) if I am not available to take up any mediation work for a period of 4 weeks or more.
- 4.5 I undertake to notify the Senior Coordinator (Mediation Services) if I cease to be an Accredited Family Mediator of HKMAAL.
- 4.6 I undertake to abide by the following terms if I receive cases from Mediation Centre of Hong Kong Family Welfare Society:
- (i) to comply with the relevant Ethical and Professional Guide as required by HKMAAL (e.g. Guidelines for professional practice of Family Mediators) and the Hong Kong Mediation Code; and
  - (ii) to provide mediation case statistics and data as required by the Mediation Centre of Hong Kong Family Welfare Society and follow the requirements listed under the Maintenance Mediation Pilot Scheme for the purposes of evaluation and monitoring of mediation service.

4.7 I apply to have my name included on the **List of Panel Family Mediators for Maintenance Mediation Pilot Scheme**. I also agree to the access of the Senior Coordinator (Mediation Services) to my personal data kept in the Accreditation Body as named in item 2.1.

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

**PART V - (Not to be filled out by those mediators providing mediation only in their private practice.)**

- 5.1 I confirm that the person named in Part I is a partner/consultant/employee\* of my organization.
- 5.2 My organization has no objection to the person named in Part I undertaking family mediation work in the capacity of my organization.

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

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

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

Name of organization: \_\_\_\_\_

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

Note:

- (1) Please return the completed Application Form together with the Certificate from Accreditation Body to the Senior Coordinator (Mediation Services), Hong Kong Family Welfare Society
- by email: [mediationcentre@hkfws.org.hk](mailto:mediationcentre@hkfws.org.hk); (prefer) or
  - by post: Mediation Centre, HKFWS  
80A First Street, Sai Ying Pun, Hong Kong; or
  - by fax: 2811 0806
- (2) The Senior Coordinator, HKFWS reserves the right to require further information or proof as to the information provided.

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\* Please delete as appropriate

- (3) For enquiries of this Application Form, please contact The Senior Coordinator (Mediation Services), HKFWS at 2561 9229.



## **PART VI – STATEMENT OF COLLECTION**

### Purpose of Collection

- 6.1 The personal data provided in this form will be used:-
- (i) for arranging family mediation service; and
  - (ii) for the purposes of enabling the Senior Coordinator to discharge his duties and functions under the Hong Kong Family Welfare Society Family Mediation Service and may be accessible to members of the public upon enquiry.
- 6.2 The provision of personal data by you is voluntary. If you do not provide sufficient information, the Senior Coordinator may not be able to process your application for your name to be included on the List of Family Mediator Panel.

### Classes of Transferees

- 6.3 The personal data you provide on this form may be disclosed to the public, government departments or other relevant parties for the purposes stated in paragraph 6.1 above.

### Access and Correction of Personal Data

- 6.4 You have a right of access and correction with respect to your personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). Your right of access includes the right to obtain a copy of your personal data provided by this form upon payment of a prescribed fee.

### Enquiries

- 6.5 Enquiries concerning the personal data collected by means of this form, including the making of request for access and correction, should be addressed to:
- Senior Coordinator (Mediation Services)  
Hong Kong Family Welfare Society  
80A First Street,  
Sai Ying Pun, Hong Kong;  
Tel.: 2561 9229 Fax: 2811 0806