**TECBAR DISPUTE RESOLUTION APPOINTMENTS**

**APPLICATION FORM**

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| **Name** |  |
| **Year of Call/Silk** |  |
| **Chambers / Professional Address** |  |
| **Contact Email** |  |
| **Contact telephone number** |  |

**Appointment**

Please place a tick against each DR position that you would like to apply for:

TECBAR Mediator

TECBAR Adjudicator

TECBAR Arbitrator

TECBAR Dispute Resolution Board Member

**Relevant Experience**

With reference to the attached Qualifying Criteria, please provide full details of your relevant experience for the particular appointment(s) that you are applying for (continue on a separate sheet if necessary), and provide express confirmation that criterion (5) is satisfied or, if it is not, why you should in any event be included on a list.

NOTE: Your application will be subject to review by, and approval of, the TECBAR Committee.

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**Please return completed forms by email with the subject header “*TECBAR DR appointments*” to the TECBAR Secretary at** **secretary@tecbar.org**