(Copy the below onto Accredited Supervisor’s Letterhead)

**Supervision Declaration**

I, ……………………………………………………. (Name of Accredited Supervisor) declare that I provided 3 supervised mediation sessions; each session being a minimum of 1 hour to ………………………………………………………. (Name of Trainee Mediator) on the following dates: -

………………………………………………………………………..

………………………………………………………………………..

………………………………………………………………………..

and am satisfied that he/she followed acceptable mediation practices and procedures to be

accredited as a SAAM family mediator.

Yours faithfully;

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

(Accredited Supervisor’s name) (Trainee Mediator’s signature)

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