



Practitioner Member Status Assessment Application Form

Name (please print): _____

Address: _____

Tel: _____ Email: _____

Please indicate sector/domain of practice:

Civil and Commercial Community Family Organisational and Workplace

Restorative Justice Other (please specify): _____

Please ensure that the following items are included with your assessment form:

Assessment fee of €250 (cheques made payable to The MII)

In the case of written assessments, 3 bound sets of case presentations with accompanying agreements/case summaries/journals as specified in the Practitioner Member section of the MII web site (www.themii.ie/practitioner-member.jsp).

Note:

1. Please refer to Becoming a Practitioner Member in the Become a Member section of the MII web site for information regarding specific sector requirements.
2. Where there are additional items required for specific sectors, these should be included with this form.
3. Please ensure that you keep a copy of all documentation.
4. This form, your cheque and all of the relevant assessment documentation, should be sent to the Registrar at Montana House, Whitechurch, Dublin 16.

If you have any queries regarding submission of your application, please contact the MII Registrar.