

REAL ESTATE MEDIATION CENTER, LAGOS

CA 4 Club Arcade, Tafawa Balewa Complex
08094706107, 08120211437, 08101587602
info@realestatemediationcenter.org



INTERNSHIP FORM

Personal Information

Surname:

Other Names:

First

Middle

Date of Birth: dd / mm / yyyy

Male:

Female:

Contact Details

Office Address: _____

Email: _____ Phone: _____

Mediation Qualification

1. Certification: _____

Institution: _____

Year: _____

2. Certification: _____

Institution: _____

Year: _____

Mediation Experience

I. Organization: _____

Position held: _____ Duration: _____ (years).

II. Organization: _____

Position held: _____ Duration: _____ (years).

Professional Association

I. Name of Association: _____

Year of Membership: _____

II. Name of Association: _____

Year of Membership: _____

Academic Qualification

Tertiary

1. Certification: _____

Year of graduation: _____

Institution: _____

2. Certification: _____

Year of graduation: _____

Institution: _____

3. Certification: _____

Year of graduation: _____

Institution: _____

Secondary

School: _____

Position held: _____

Year of graduation: _____

Work experience

III. Organization: _____

Position held: _____ Duration: _____ (years)

IV. Organization: _____

Position held: _____ Duration: _____ (years)

V. Organization: _____

Position held: _____ Duration: _____ (years)

Hobby(s)

I. _____

II. _____

Referees

I. Name: _____

Job position: _____

Office address: _____

Email: _____ Phone: _____

II. Name: _____

Job position: _____

Office address: _____

Email: _____ Phone: _____

Please checklist the photocopies of documents attached:

Identification

Mediation Certificates

Training

Signature _____ Date: _____

REMC

For office use only

Name: _____

Email: _____

Phone: _____ Gender: _____

Date received: _____ IT No: _____

Attachments

Identification

Certificates

Training