



Peer Mediator Application

Contact Information	
Full Name	
Home Address	
Cell Phone	
Primary Parent / Guardian Name(s)	
Primary Parent / Guardian Phone #(s)	
Your Preferred Name	

General Information

Age _____ Male or Female _____ Primary language spoken at home _____

School & Grade _____ Are you comfortable in English (Yes or No) _____

Do you have any job or family responsibilities that take time outside school? _____

Please specify: _____

Short Answers

Please fill in the blanks with your own thoughts and truthful answers.

Conflict is _____

When I see a fight, I _____

When there is conflict at home, I _____

My role model is _____, because _____

Skills and activities

List special skills or trainings you have done before, as well as other volunteer work, employment or sports that you have done or are currently doing.



SADRA
Conflict Transformation
Building a peaceful & Non-Violent Society

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Informed Consent Agreement

Dear Participant,

SADRA Conflict Transformation has begun a project to train learners as Peer Mediators in their respective schools with the aim to manage and prevent school conflicts from becoming violent. Your participation in this Peer Mediation programme is 100% voluntary. Thank you very much for agreeing to participate in this program.

Periodically during the project, we will be conducting surveys, gathering information, and taking photos to document the project and provide monitoring and evaluation feedback for the programme. The information will be used for statistical purposes and will not be used in a manner which would allow identification of yourself or your personal responses, unless first affirmed by yourself.

Please sign below if you agree:

Full name: _____

Signature: _____

Date: _____