

# Application Form

## Independent Mediation Service for Patients

### Treatments You Can Trust

#### What is this Application for?

This application form is for patients to request mediation in relation to a dispute with a private healthcare provider registered with Treatments You Can Trust.

The application form will ask you for the details needed to help the mediator understand what you would like the provider to do and how to decide your dispute.

#### What do I need to do?

- Read the Service Rules provided with this application form. They also available on the [CEDR Website](#).
- Fill in this application form giving as much information as you can.
- If you are unsure of how to answer any of the questions, please contact CEDR for guidance.
- It may take you some time to go through the application form and get all your information together, but having all the information will help the mediator to deal with your case.

**You must have already complained to your healthcare provider and to Treatments You Can Trust before you can submit an application to CEDR.**

Please let us know if you have any practical needs where we could help – for example with information in another format (e.g. larger print, another language, etc.). If you require assistance in completing this form please contact CEDR:

By telephone: 0207 520 3800

By email: [applications@cedr.com](mailto:applications@cedr.com)

Visit the website: [www.cedr.com/consumer](http://www.cedr.com/consumer)

CEDR opening hours: 9:00am to 5:00pm, Monday to Friday

**IMPORTANT: SAVE A COPY OF THIS PDF ON YOUR PC BEFORE COMPLETING AND UPLOADING THIS FORM.  
IF YOU COMPLETE THIS FORM YOUR BROWSER YOU WILL NOT BE ABLE TO SAVE IT AND IT WILL APPEAR BLANK WHEN UPLOADED.**

## 1. About you

Please give us your details.

Full name:	<input type="text"/>		
Street Address:	<input type="text"/>		
Town:	<input type="text"/>	County:	<input type="text"/>
Postcode:	<input type="text"/>	Tel:	<input type="text" value="Daytime number"/>
E-mail address:	<input type="text"/>		

If you provide an e-mail address we will normally send you information by e-mail only.

## 2. Provider details

Please provide the following details about the healthcare provider you are in dispute with.

Provider name:

Your Patient Ref:

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## 3. Raising your concerns

Date you first complained to the provider:

Complaint reference number (if known):

Date you received a letter from the provider entitled 'Final Response' (if received):

Please send us a copy of the final response letter you have received from the provider.

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## 4. Are you represented by somebody else?

If someone is applying on your behalf, please provide their details here and sign the declaration on this page.

Full name:

Organisation:

Street Address:

Town:  County:

Postcode:  Tel:

E-mail address:

### To be signed by the patient

I hereby give my authority for the above named person to represent me:

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

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

## 5. Your dispute

Please tell us what your dispute is about and why you are unhappy with the provider. This information will be sent to the mediator assigned to your case so it is important that you provide clear information about the issues you have experienced. Please use additional sheets and attach them to the back of your application if required.

Please send us any documents that support your claim such as your correspondence with the provider and receipts for anything that you have purchased.

You may submit any evidence you wish.

You may wish to include:

- Bills and / or statements
- Correspondence to and from the company
- Photographs and videos
- Receipts
- Recordings (audio)

## 6. Declarations

### Data Protection Act

By signing this application you are providing your consent for the provider to give information and documentation about you to CEDR.

Please read these declarations and tick **all the boxes** to confirm you understand them before signing this form.

I have tried to resolve this matter through the provider's complaints procedure.

I have read and understood the guidance provided in this application form and on the CEDR website.

I understand that mediation is a confidential process in which the Mediator as a neutral third party actively assists parties in working towards a negotiated agreement, with the parties in ultimate control of the decision to settle and the terms of resolution.

I understand that information given to the Mediator during the mediation will be confidential unless I permit the Mediator to give the information to the other party. I accept that the proceedings are confidential and without prejudice.

I understand that the Mediator does not give legal advice. I also understand that the Mediator does not act as a judge or arbitrator. However, should the parties be unable to reach an agreement between them, the Mediator may recommend a solution to the dispute.

I understand that the Mediator's recommendations are not binding unless written down and signed by both parties in agreement.

I have not previously referred this dispute to a court or other dispute resolution provider.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

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

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## Submitting your application

Now please submit your application and supporting evidence to us:

By post:

Treatments You Can Trust Mediation  
Centre for Effective Dispute Resolution  
70 Fleet Street  
London  
EC4Y 1EU

By email:

[applications@cedr.com](mailto:applications@cedr.com)

By fax:

0845 1308 117

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