



Application for CRS Panel of Mediators

Part 1: Personal Information

Title	Mr Mrs Ms Dr Other: _____
First/Middle Names	
Surname	
Address	
	P/c
Contacts	Email: _____
	Mobile: _____ Work: _____
	Home: _____ Other: _____
Date of Birth	
Place of Birth	
Cultural Background	ATSI: <input type="checkbox"/> Yes <input type="checkbox"/> No
	CALD: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which nationality? _____
Do you speak any other languages? (including sign language)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, languages? _____
Do you have any disabilities CRS needs to know about to support you as a mediator?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please briefly describe nature of disability and what assistance you may require?
Current Commitments	<input type="checkbox"/> Not Employed <input type="checkbox"/> Employed Fulltime/Part-time/Casual (delete whichever not applicable) <input type="checkbox"/> Student Fulltime/Part-time (delete whichever not applicable)

Part 2: Employment History

(Most recent first)

<i>Start/End Dates</i>	<i>Employer</i>	<i>Position</i>	<i>Brief Description of Responsibilities</i>

Part 3: Volunteer History

(Most recent first)

<i>Start/End Dates</i>	<i>Organisation</i>	<i>Position</i>	<i>Brief Description of Responsibilities</i>

Part 4: Education History (including qualifications in mediation)

(Most recent first)

<i>Year</i>	<i>Qualification</i>	<i>Provider</i>

Part 5: Professional Development History

(Most recent first)

<i>Year</i>	<i>Course & Brief Description of Content</i>	<i>Duration</i>	<i>Provider</i>

Part 6: Mediator Registrations and Accreditations

Type	Status
Family Dispute Resolution Practitioner	<input type="checkbox"/> Current Registration No: _____ <input type="checkbox"/> Not Current, but eligible to obtain <input type="checkbox"/> Not Current, ineligible to obtain
National Mediator Accreditation	<input type="checkbox"/> Current Category: <input type="checkbox"/> Training <input type="checkbox"/> Experience Qualified RMAB Provider: <input type="checkbox"/> LEADR <input type="checkbox"/> IAMA <input type="checkbox"/> Defence <input type="checkbox"/> Other: _____ Valid From: _____ To: _____ <input type="checkbox"/> Not Current, but eligible to obtain <input type="checkbox"/> Not Current, ineligible to obtain
Working with Vulnerable People Check	<input type="checkbox"/> Current Valid From: _____ To: _____ <input type="checkbox"/> Not Current, but eligible to obtain <input type="checkbox"/> Not Current, ineligible to obtain

Part 7: Other Registrations and Accreditations

Type	Status

Part 7: Mediation Practice

a. Intake, Screening and Assessment
 Briefly describe your experience in undertaking/delivering intake, screening and assessment of disputes.

b. Conflict Coaching
 Briefly describe your experience in undertaking/delivering conflict coaching activities

c. Mediation

Indicate which types of disputes have you mediated (and list approx. how many in space provided)

- | | |
|---|--|
| <input type="checkbox"/> Neighbourhood _____ | <input type="checkbox"/> Incorporated Associations _____ |
| <input type="checkbox"/> Separated Couple – Parenting _____ | <input type="checkbox"/> Clubs and Groups _____ |
| <input type="checkbox"/> Separated Couple – Property _____ | <input type="checkbox"/> Board/Governance _____ |
| <input type="checkbox"/> Building, Planning & Development _____ | <input type="checkbox"/> Insurance _____ |
| <input type="checkbox"/> Commercial Contracts _____ | <input type="checkbox"/> Other |
| <input type="checkbox"/> Community _____ | _____ |
| <input type="checkbox"/> Workplace _____ | _____ |
| <input type="checkbox"/> Aged Care _____ | _____ |
| <input type="checkbox"/> Wills/Probate _____ | _____ |
| <input type="checkbox"/> Parent/Youth _____ | _____ |

d. Other ADR Services

- Facilitation Services
List Purpose of facilitations
- _____
- _____
- _____
- _____
- Restorative Justice Conferences _____
- Other
- _____
- _____
- _____
- _____

Part 8: Other Mediation/ADR Services

Service	Organisation/s	When
Delivered training in mediation and/or related disciplines (Eg Trainer of NMAS courses, short workshops on Pre-Mediation, Power Dynamics in Mediation, Conflict Coaching etc)	(For this response, please also list the topics delivered)	
Provided Supervision for other Mediators		
Coaching for Mediation Courses		
Role player for Mediation Courses		

Part 9: Referees (please provide at least 3 referees; where possible related to your role as a mediator)

Name	
Contacts	Email:
	Mobile: Work:
	Home: Other:
Relationship to You	

Name	
Contacts	Email:
	Mobile: Work:
	Home: Other:
Relationship to You	

Name	
Contacts	Email:
	Mobile: Work:
	Home: Other:
Relationship to You	

Part 10: Documentation

Please attach to your application any relevant documentation you have listed in your application

- Mediation Training Qualification
- National Mediator Accreditation
- Family Dispute Resolution Qualification
- Family Dispute Resolution Registration
- Vulnerable People Check
- Other

Part 11: Confirmation

I declare the information contained in this application is true and correct. I understand that the CRS reserves the right to check on any information I have included in my application.

Signed:	Dated:
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