Initial Accreditation

## Application as an Accredited Mediator under AMDRAS

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| **Full name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **State:** \_\_\_\_\_\_\_\_\_\_\_ | **Postcode:** \_\_\_\_\_\_\_\_ |
| **Mobile:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

### TRAINING AND ASSESSMENT

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| Have you previously completed a **recognised** Certificate of Training (CoT) or equivalent? *(See AMDRAS Clause 25(a)(b)) or Alternative Pathways (AMDRAS Division 8, Clause 35)* | ¨ Yes ¨ No |
| If Yes, please provide the following details:  Course Name: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Course Dates: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Course Provider: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Course Location: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * **if YES, please attach your CoT** * **if NO, please provide information to support the alternative pathway application sought** | |
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| Have you received a Certificate of Assessment (CoA) assessment based on a written assessment *(See AMDRAS Clause 27.2(a))*, and performance of the role of a mediator in a simulated mediation of at least 2 to 2.5 hours, or equivalent? *(See AMDRAS Clause 27.2(b)) or Alternative Pathways (AMDRAS Division 8, Clause 35)* | ¨ Yes ¨ No |
| If Yes, please provide the following details:  Assessment Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of simulated mediation:\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of assessment:\* \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of notification to applicant of competent assessment:\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *\*See AMDRAS Clause 27(c) and (d)*   * **if YES, please attach your CoT** * **if NO, please provide information to support the alternative pathway application sought** | |

### INSURANCE

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| Are you covered by relevant professional indemnity insurance or have statutory immunity? *(See AMDRAS Clause 43)* **(if YES, please attach your Certificate of Currency or other evidence of insurance cover).** | | ¨ Yes ¨ No |
| What is your insurance renewal date? |  | |
| If No, please provide more information. |  | |

### COMPLIANCE UNDERTAKING

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| Do you undertake to comply with:   * the AMDRAS Training and Accreditation Framework (TAF) for persons seeking accreditation and once accredited under the AMDRAS; * the AMDRAS Professional Practice Domains which apply to AMDRAS accredited mediators; and * any relevant legislation, professional standards and any other requirements that may be relevant to an AMDRAS accredited mediator? | ¨ Yes ¨ No  ¨ Yes ¨ No  ¨ Yes ¨ No |

### GOOD CHARACTER

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| 1. Are you of good character and do you possess appropriate personal qualities and experience to conduct a mediation process independently, competently and professionally?*(See AMDRAS Clause 38(a)(i).* | ¨ Yes ¨ No |
| 1. Have you provided two-character references attesting to your good character *(See AMDRAS Clause 38(b)(i)* )or provided evidence in an alternative format? *(See AMDRAS Clause 38(b) (ii))* **(if YES, please attach the evidence).** | ¨ Yes ¨ No |

### DISCLOSURE

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| 1. Have you at any time been disqualified from any type of professional practice? *(See AMDRAS Clause 38(c)(i))*   **(if YES, please attach a detailed statement and explanation).** | ¨ Yes ¨ No |
| 1. Have you any unspent criminal convictions? *(See AMDRAS Clause 38(c)(ii))* **(if YES, please attach a detailed statement and explanation).** | ¨ Yes ¨ No |
| 1. Do you have any impairment(s) that could influence your capacity to discharge your obligations in a competent, honest and professional manner? *(See AMDRAS Clause 38(c)(iii))*  **(if YES, please attach a detailed statement and explanation).** | ¨ Yes ¨ No |
| 1. Have you ever been the subject of a complaint in your role as a mediator where the complaint was upheld and conditions imposed? **(if YES, please attach a detailed statement and explanation).** | ¨ Yes ¨ No |
| 1. Have you ever been refused NMAS or AMDRAS accreditation or accreditation renewal? *(See AMDRAS Clause 38(c)(iv))* **(if YES, please attach a detailed statement and explanation).** | ¨ Yes ¨ No |
| 1. Have you ever had your mediation accreditation suspended or cancelled? *(See AMDRAS Clause 38(c)(v))* **(if YES, please attach a detailed statement and explanation).** | ¨ Yes ¨ No |
| 1. Are you currently registered through another RAP? You can not be registered through more than one RAP. **If you are seeking a transfer, please complete a transfer form.** | ¨ Yes ¨ No |

### ACKNOWLEDGEMENT, UNDERTAKING and CONSENT

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| 1. Do you acknowledge and agree to be bound by the AMDRAS Code of Ethics and Professional Practice Domains, where they do not conflict with other professional obligations? | ¨ Yes ¨ No |
| 1. Do you understand the Ethical Code of Practice and Complaints and Disciplinary Procedure associated with [NAME OF RAP], [Link to the Information] and agree to comply with the obligations? | ¨ Yes ¨ No |
| Do you consent to:   * Your personal information being disclosed to the AMDRAS Board or relevant AMDRAS-related entity; and * Your name, registration status and accreditation body released on the AMDRAS National Register; and * The AMDRAS Board or entity releasing the information to other AMDRAS-related entities (but to no-one else without the consent of all parties concerned).   *(See AMDRAS Clause 42)*  **(if NO, please attach a detailed explanation).** | ¨ Yes ¨ No  ¨ Yes ¨ No  ¨ Yes ¨ No |

1. I certify that the contents of this Application are true and correct.

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|  |  |  |
| SIGNATURE |  | DATE |