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**
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### 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 |