Renewal Application as an Accredited Mediator under AMDRAS

This renewal is undertaken in accordance with the AMDRAS Standards. Please refer to AMDRAS [www.amdras.au](http://www.amdras.au)

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

### Renewal Level Sought

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| Renewal Date |  |
| What is your current level of accreditation?  | ¨ Accredited Mediator¨ Advanced Mediator¨ leading Mediator¨ Honorary Leading Mediator |
| Do you currently hold a specialisation? If so, select from the approved specialisations list. |  |
|  Are you renewing at the same level of accreditation? *(See AMDRAS Clause 45)* | ¨ Yes ¨ No |
|  If no, what level of accreditation are you applying for? |  |

### Insurance

Professional Indemnity Insurance or Statutory Immunity commensurate with your level of accreditation is mandatory for Nationally Accredited Mediators, AMDRAS. *AMDRAS Clause 43*

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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. |  |

### Practice Hours

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| How many hours of dispute resolution-related practice have you facilitated as a mediator, co-mediator or third-party dispute resolver in the 24 months since your last renewal? *(See AMDRAS Clause 46(c) and Appendix 1)**Note 1:You should maintain a record of your practice hours, and this can be requested by our RAP or by the AMDRAS Board.**Note 2: Practice can include up to 5 hours of intake and preparatory work to set up the dispute resolution process, as well as up to 5 hours of observing a more experienced practitioner.*  | ¨ < 10 hours¨ 10 to < 20 hour¨ 20 to < 40 hours¨+40 hours |
| If you are a Specialist Dispute Resolution Practitioner, have you met the requirement of at least 40 hours of dispute resolution practice with at least 25% being within your area of specialised practice? | ¨ Yes ¨ No |

### Continuing Professional Development

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| Have you kept a CPD record and met the requirements of 25 hours over two years of CPD directed at developing or maintaining the Professional Attributes? *(See AMDRAS Clause 47 and Appendix 2)*  *Note: You should maintain a record of your CPD hours, and this can be requested by our organization or by the AMDRAS Board.* | ¨ < 25 hours¨ +25Hours |
| Please attach a copy of your CPD Record.  |  |

### Are you applying for Adjusted Renewal Requirements?

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| If you have not met the Practice or CPD requirements on what basis are you applying for adjusted renewal requirements? *(See AMDRAS Clause 48 )*   | ¨ Lack of work Opportunities¨ Health or career circumstances¨ Residence in a non-urban area¨ Other barriers, including socio-cultural, to accessibility or inclusion¨ Parental leave¨ Leave due to family circumstances¨ Other matters considered relevant |
| Adjustments sought *(See AMDRAS Clause 48c)* |  |
| **Office Use:** 1. Has the Registered Practitioner sought adjusted renewals previously? Note: Adjusted renewal can not be approved for more than 2 consecutive periods under clause 48(e)
2. Indicate the adjusted renewal application outcome, including any conditions the RAP considers appropriate. *(See AMDRAS Clause 48 and 49)*
 | Approved? ¨ Yes ¨ No**Outcome:**  |

### GOOD CHARACTER and DISCLOSURE

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| 1. Have you at any time been disqualified from any professional practice? *(See AMDRAS Clause 38(c)(i))*  **(if YES, please attach a detailed statement and explanation).**
 | ¨ Yes ¨ No  |
| 1. Do you have 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)* | ¨ Yes ¨ No¨ Yes ¨ No¨ Yes ¨ No |

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

Name:

Signature:

Date: