

**Record of Mediation Hours**

<b>Name:</b>						
<b>Accreditation Type:</b>						
<b>Registered Accreditation Provider (RAP):</b>						
<b>Please retain this for your records. Record of mediation hours performed for two years activities for the two-year.</b>						
<b>Type of Mediation performed</b>	<b>Co- mediation or single mediator or Observation</b>	<b>Method: Face to face, Zoom link shuttle, Shuttle and face to face, Zoom link.</b>	<b>Date/s of mediation took place</b>	<b>Was there an outcome from the mediation (Yes/No)</b>	<b>Total Duration (hours) of Mediation</b>	<b>Claimed mediation Hours</b>
<b>“Example #1”: Family dispute</b>	<b>Tina as Mediator</b>	<b>Both parties face to face</b>	<b>28/5/2024</b>	<b>Yes</b>	<b>4</b>	<b>4</b>
<b>“Example #2”: Neighborhood dispute</b>	<b>Co mediation Tina and Peta</b>	<b>Zoom and shuttle</b>	<b>06/06/2024</b>	<b>No, ran over time</b>	<b>5</b>	<b>2.5</b>

APPENDIX B

<b>Comments:</b>					<b>TOTAL</b>	

\*The examples can be deleted when completing the form.

**Signed:**

**Name:**

**Date:**