

Application as an Accredited Mediator under AMDRAS

This application is for initial accreditation as a Registered Practitioner who has met the general provisions in accordance with the Australian Mediator and Dispute Resolution Accreditation Standards (AMDRAS). Please refer to www.amdras.au

Conflict Resolution Service is an authorised Accreditation Provider as recognised by AMDRAS to grant accreditation under the Training and Assessment Framework (TAF).

CRS work within the AMDRAS and associated guidelines to assist the AMDRAS Board in establishing, regulating and promoting the professional standards of Registered Practitioners.

Full name: _____		
Address: _____		
City: _____	State: _____	Postcode: _____
Mobile: _____		
Email: _____		

CRS Requirements

I have read and understood my obligations under the AMDRAS and agree to comply with these obligations	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will take responsibility for maintaining my own records and evidence for seeking re-accreditation in 2 years', and that CRS is not obliged to keep records of any mediations or professional development I undertake to meet re-accreditation requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hold a current National Police Check (not older than 3 years) (please attach copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be working with Children and Young People under 18 years of age? If yes please attach a copy of your current Working With Vulnerable People Check or relevant certification to your state or territory.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Safeguarding Commitment CRS is a child-safe organisation that prioritises the safety and wellbeing of children, young people and vulnerable adults. All children, young people and vulnerable adults have the right to be safe and feel safe in any environment. CRS is committed to a culture that does not tolerate child abuse, neglect or exploitation and will work actively towards preventing it.</p> <p>At CRS we have a strong commitment to ensuring the safety of children and young people and do not accept any form of harm or abuse.</p> <p>-Do you see any issues with aligning with this commitment?</p> <p>-Do you have any current proceedings against you and any pending?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Training and Assessment

<p>Have you previously completed a recognised Certificate of Training (CoT) or equivalent? <i>(See AMDRAS Clause 25(a)(b)) or Alternative Pathways (AMDRAS Division 8, Clause 35)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If Yes, please provide the following details:</p> <p>Course Name: <input type="text"/></p> <p>Course Dates: <input type="text"/></p> <p>Course Provider: <input type="text"/></p> <p>Course Location: <input type="text"/></p> <p>Please attach a copy of your CoT certificate</p>	
<p>If NO, please provide information to support the alternative pathway application sought</p>	
<p>Have you received a Certificate of Assessment (CoA) assessment based on a written assessment <i>(See AMDRAS Clause 27.2(a))</i>, and performance of the role of a mediator in a simulated mediation of at least 2 to 2.5 hours, or equivalent? <i>(See AMDRAS Clause 27.2(b)) or Alternative Pathways (AMDRAS Division 8, Clause 35)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If Yes, please provide the following details:</p> <p>Assessment Organisation: <input type="text"/></p> <p>Date of simulated mediation:* <input type="text"/></p> <p>Date of assessment:* <input type="text"/></p> <p>Date of notification to applicant of competent assessment:* <input type="text"/></p> <p><i>*See AMDRAS Clause 27(c) and (d)</i></p> <p>Please attach a copy of your CoA</p>	
<p>If NO, please provide information to support the alternative pathway application sought</p>	

Insurance

<p>Are you covered by relevant professional indemnity insurance or have statutory immunity? <i>(See AMDRAS Clause 43)</i> (if YES, please attach your Certificate of Currency or other evidence of insurance cover).</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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What is your insurance renewal date?	
If No, please provide more information.	

Complaints Management

In accordance with AMDRAS ([AMDRAS-Standards-Master-February-2025.pdf](#)) Professional Ethics and Responsibilities Domain "Providing a feedback and complaints mechanism with the ability to escalate complaints to an independent complaint-handling service".

A Recognised Practitioner (RP) and/or the organisation for which you work for must provide participants details of the complaints-management system in place.

Copy of Complaints policy attached	<input type="checkbox"/> YES <input type="checkbox"/> NO
If No, please provide more information.	

Compliance undertaking

Do you undertake to comply with:	
<ul style="list-style-type: none"> the AMDRAS Training and Accreditation Framework (TAF) for persons seeking accreditation and once accredited under the AMDRAS; 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> the AMDRAS Professional Practice Domains which apply to AMDRAS accredited mediators; and 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> any relevant legislation, professional standards and any other requirements that may be relevant to an AMDRAS accredited mediator? 	<input type="checkbox"/> YES <input type="checkbox"/> NO

Good Character

(a) Are you of good character and do you possess appropriate personal qualities and experience to conduct a mediation process independently, competently and professionally? <i>(See AMDRAS Clause 38(a)(i)).</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
(b) Provide two-character references attesting to your good character <i>(See AMDRAS Clause 38(b)(i))</i> Please attach copies of references (refer appendix c) for template	<input type="checkbox"/> YES <input type="checkbox"/> NO

Disclosure

(a) Have you at any time been disqualified from any type of professional practice? <i>(See AMDRAS Clause 38(c)(i))</i> (if YES, please attach a detailed statement and explanation).	<input type="checkbox"/> YES <input type="checkbox"/> NO
(b) Have you any unspent criminal convictions? <i>(See AMDRAS Clause 38(c)(ii))</i> (if YES, please attach a detailed statement and explanation).	<input type="checkbox"/> YES <input type="checkbox"/> NO
(c) Do you have any impairment(s) that could influence your capacity to discharge your obligations in a competent, honest and professional manner? <i>(See AMDRAS Clause 38(c)(iii))</i> (if YES, please attach a detailed statement and explanation).	<input type="checkbox"/> YES <input type="checkbox"/> NO

(d) 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).	<input type="checkbox"/> YES <input type="checkbox"/> NO
(e) Have you ever been refused NMAS or AMDRAS accreditation or accreditation renewal? <i>(See AMDRAS Clause 38(c)(iv))</i> (if YES, please attach a detailed statement and explanation).	<input type="checkbox"/> YES <input type="checkbox"/> NO
(f) Have you ever had your mediation accreditation suspended or cancelled? <i>(See AMDRAS Clause 38(c)(v))</i> (if YES, please attach a detailed statement and explanation).	<input type="checkbox"/> YES <input type="checkbox"/> NO
(g) 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Acknowledgement, undertaking and consent

(a) 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(b) Do you understand the Ethical Code of Practice and Complaints and Disciplinary Procedure?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Do you consent to:</p> <ul style="list-style-type: none"> 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). <p><i>(See AMDRAS Clause 42)</i></p> <p>(if NO, please attach a detailed explanation).</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

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

SIGNATURE

DATE