

Renewal Application as an Accredited Mediator under AMDRAS

This renewal is undertaken 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</p> <p>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

Accreditation History

Have you previously been accredited by a Recognised Mediator Accreditation Body	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please provide the following details:			
Type (initial or Re-accreditation)	Accreditation Provider	Accreditation commenced	Accreditation Ended
If your accreditation has expired/lapsed, please provide the following information (as per section 57 of AMDRAS):			
(a) evidence that you satisfy:			
(i) the requirements for re-accreditation; and			
(ii) any conditions imposed on their leave of absence, suspension, or cancellation;			
(iii) hours of practice completed in the relevant period if any.			
(b) the date from which they were first granted accreditation under AMDRAS or its predecessor (the National Mediator Accreditation Standards);			
(c) the period of leave of absence, or the date on which their accreditation was suspended or cancelled, or the date on which it lapsed; and			
(d) a statement from the relevant RAP of the reasons for the suspension or cancellation			
Which organisations do you provide mediation services for? (Please list)			
What are your reasons for seeking accreditation as a Registered Practitioner? Eg Workplace requirement, Private practice etc.			

Renewal Level Sought

Renewal Date	
--------------	--

What is your current level of accreditation?	<input type="checkbox"/> Accredited mediator <input type="checkbox"/> Advanced mediator <input type="checkbox"/> Leading mediator <input type="checkbox"/> Honorary leading mediator
What field of Mediation do you specialise in?	<input type="checkbox"/> Family <input type="checkbox"/> Workplace <input type="checkbox"/> Business <input type="checkbox"/> Other – please list
Are you renewing at the same level of accreditation? <i>(See AMDRAS Clause 45)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
If no, what level of accreditation are you applying for?	

Practice Hours

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? <i>(See AMDRAS Clause 46(c) and Appendix 1).</i> Note: 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.	<input type="checkbox"/> < 10 hours <input type="checkbox"/> 10 to < 20 hour <input type="checkbox"/> 20 to < 40 hours <input type="checkbox"/> +40 hours
Record of your practice hours attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Continuing Professional Development

CPD record kept meeting the requirements of 25 hours over two years of CPD directed at developing or maintaining the Professional Attributes? <i>(See AMDRAS Clause 47 and Appendix 2)</i>	<input type="checkbox"/> < 25 hours <input type="checkbox"/> +25Hours
Record of CPD hours attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you applying for Adjusted Renewal Requirements?

If you have not met the Practice or CPD requirements on what basis are you applying for adjusted renewal requirements? <i>(See AMDRAS Clause 48)</i>	<input type="checkbox"/> Lack of work Opportunities <input type="checkbox"/> Health or career circumstances <input type="checkbox"/> Residence in a non-urban area <input type="checkbox"/> Other barriers, including socio-cultural, to accessibility or inclusion
---	--

	<input type="checkbox"/> Parental leave <input type="checkbox"/> Leave due to family circumstances <input type="checkbox"/> Other matters considered relevant
Adjustments sought <i>(See AMDRAS Clause 48c)</i>	

Insurance

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

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

Good Character and Disclosure

Have you at any time been disqualified from any professional practice? <i>(See AMDRAS Clause 38(c)(i)) (if YES, please attach a detailed statement and explanation).</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any unspent criminal convictions? <i>(See AMDRAS Clause 38(c)(ii)) (if YES, please attach a detailed statement and explanation).</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

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
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
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
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
Are you currently registered through another RAP? You cannot 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

Character and References

RP's must be of:

- (1) Be of good character; and
- (2) Possess personal qualities and experience appropriate to conducting mediations or other dispute resolution processes independently, competently, and professionally.

Please provide written references (2) that attest to your good character, from two members of the community who have known you for at least 3 years.

See attachment 'c' for draft document

2 x Referee reports attached (refer appendix 'c' for template)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If no, please provide more information.	

Acknowledgement, Undertaking and Consent

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
Do you understand the Ethical Code of Practice and Complaints and Disciplinary Procedure and agree to comply with the obligations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you consent to: <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). <i>(See AMDRAS Clause 42)</i>	<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 agree to update CRS within 14 days should any information contained in this form changes	<input type="checkbox"/> YES <input type="checkbox"/> NO

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

Application for Renewal Accredited Mediator under AMDRAS – May 2025



Name:

Signature:

Date: