

Initial Accreditation

Application as an Accredited Mediator under AMDRAS

Full name: <input type="text"/>		
Address: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Postcode: <input type="text"/>
Mobile: <input type="text"/>		
Email: <input type="text"/>		

TRAINING AND ASSESSMENT

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>	<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> <ul style="list-style-type: none"> • if YES, please attach your CoT • if NO, please provide information to support the alternative pathway application sought 	
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>	<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><small>*See AMDRAS Clause 27(c) and (d)</small></p> <ul style="list-style-type: none"> • if YES, please attach your CoA • if NO, please provide information to support the alternative pathway application sought 	

INSURANCE

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).	<input type="checkbox"/> YES <input type="checkbox"/> NO
What is your insurance renewal date?	
If No, please provide more information.	

COMPLIANCE UNDERTAKING

Do you undertake to comply with:	
• 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
• the AMDRAS Professional Practice Domains which apply to AMDRAS accredited mediators; and	<input type="checkbox"/> YES <input type="checkbox"/> NO
• 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) Have you provided two-character references attesting to your good character <i>(See AMDRAS Clause 38(b)(i))</i> or provided evidence in an alternative format? <i>(See AMDRAS Clause 38(b)(ii))</i> (if YES, please attach the evidence).	<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? (See AMDRAS Clause 38(c)(v)) (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 associated with the Australian Mediation Association Mediation Complaints , and agree to comply with the obligations?	<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>(See AMDRAS Clause 42)</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

SIGNATURE

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

SIGNATURE

DATE

Additional Information for the RAP: Payment Details

- The current fee is \$250.00 including GST which includes an administration fee payable to the RAP.

Electronic Funds Transfer (please provide proof of transfer)

- Commonwealth Bank of Australia
- Account Name: Australian Mediation Association
- BSB: 064 121
- Account no: 10 200 135

Tax Invoice

Australian Mediation Association
A.B.N. 40 315 480 252
GPO Box 1347, Brisbane Qld 4001

Application Fee \$250.00 (including GST)

This document will be a tax invoice for GST purposes when you make payment.
Please retain a copy for your GST records.

Accreditation with another RAP

- A Registered Practitioner may not be accredited through more than one RAP. If this mediator is registered with another RAP, you must not also collect the registration fee for the National Register.
- The Registered Practitioner may apply to transfer their registration to your RAP or
- Your RAP may follow the process to recognise their accreditation with another RAP.

Good Character Reference Letter

Suggested Content for the Reference Letter:

[Referee's Name]

[Address or Organisation, if relevant]

[Email / Contact number]

To Whom It May Concern,

I am writing to provide a character reference for **[Applicant's Full Name]**, who is applying for accreditation under the Australian Mediator and Dispute Resolution Accreditation Standards (AMDRAS).

I have known [Applicant's Name] for [X years], in my capacity as a [relationship – e.g., colleague, community member, neighbour, teacher, etc.].

Over this time, I have found [him/her/they] to be a person of good character, who demonstrates honesty, integrity, and professionalism in their interactions with others.

I have no hesitation in recommending [Applicant's Name] as someone suitable for professional accreditation and practice in the field of dispute resolution.

Please feel free to contact me should further information be required.

Sincerely,

[Signature (if hard copy)]

[Printed Name]

[Date]