

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

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"/>		

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
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)	<input type="checkbox"/> YES <input type="checkbox"/> 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*

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

Practice Hours

<p>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)</p> <p><i>Note 1: You should maintain a record of your practice hours, and this can be requested by our RAP or by the AMDRAS Board.</i></p> <p><i>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.</i></p>	<input type="checkbox"/> < 10 hours <input type="checkbox"/> 10 to < 20 hour <input type="checkbox"/> 20 to < 40 hours <input type="checkbox"/> +40 hours
<p>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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Continuing Professional Development

<p>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)</p> <p><i>Note: You should maintain a record of your CPD hours, and this can be requested by our organization or by the AMDRAS Board.</i></p>	<input type="checkbox"/> < 25 hours <input type="checkbox"/> +25Hours
<p>Please attach a copy of your CPD Record.</p>	

Are you applying for Adjusted Renewal Requirements?

<p>If you have not met the Practice or CPD requirements on what basis are you applying for adjusted renewal requirements? (See AMDRAS Clause 48)</p>	<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
<p>Adjustments sought (See AMDRAS Clause 48c)</p>	
<p>Office Use:</p> <p>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)</p> <p>2. Indicate the adjusted renewal application outcome, including any conditions the RAP considers appropriate. (See AMDRAS Clause 48 and 49)</p>	<p>Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Outcome:</p>

Good Character and Disclosure

(a) Have you at any time been disqualified from any professional practice? <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
(b) Do you have any unspent criminal convictions? <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
(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 associated with [NAME OF RAP], [Link to the Information] and agree to comply with the obligations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you consent to:	
• Your personal information being disclosed to the AMDRAS Board or relevant AMDRAS-related entity; and	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Your name, registration status and accreditation body released on the AMDRAS National Register; and	<input type="checkbox"/> YES <input type="checkbox"/> NO
• 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).	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>(See AMDRAS Clause 42)</i>	

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

Name:

Signature:

Date:

Additional Information for the RAP

- Each RAP should include information about the payment of the registration fee for listing on the national register
- The current fee is \$150.00, including GST, including a \$30 administration fee payable to the RAP.

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.