Application for National Mediator Accreditation

It is a requirement that applicants read the National Mediator Accreditation Approval Standards & Practice Standards before completing this form. Those standards can be found at www.msb.org.au.

Complete Part A if you are applying for accreditation as a Nationally Accredited Mediator having completed a mediation education and training course. You are eligible to apply if you have:

- attended five days of AIFLAM mediation training; or training through another organization; and
- Successfully completed a skills assessment as assessed by the AIFLAM Accreditation Committee or another organisation; and
- Successfully completed the reflective component as assessed by the AIFLAM Accreditation Committee or another organisation.

Complete Part B if you are applying to the Accreditation Committee to be qualified as an experienced practitioner.

Complete Part C if you are applying to the Accreditation Committee as a practitioner who is seeking to offer advice through the use of a "blended process".

Complete Part D if you are applying for reaccreditation.

All applications will be reviewed by the AIFLAM Accreditation Committee and applicants will be notified by mail if their application is successful.

Personal Details

Name:			
Address:			
	Telephone	Mobile	Fax
Email:			
Employment / Business Details			
Address / Phone including numbers if different to above			
Website			

Part A) Education and Training Course

Complete i) or ii) as evidence of your threshold training and accreditation in mediation:

Year of completion

i) I have completed the AIFLAM mediation training course

I have successfully completed the AIFLAM accreditation assessment

OR

ii) I have completed some components of the mediation training and accreditation with another RMAB or mediation-training organisation:

Year of completion

*Please provide details of the **training** RMAB or organisation:*

.....

*Please provide details of the **accrediting** RMAB or organisation:*

.....

I attach copies of the certificates of completion of the training and accreditation assessment with the non-AIFLAM organisation.

Part B) Experience qualified in mediation

I wish to apply as a qualified experienced practitioner and believe I meet the approval requirements set out in Section 5(3) of the Approval Standards.

Complete i) or ii) as evidence of your experience as a qualified practitioners:

Name of Community

i) I am a resident in a linguistically and culturally diverse community for which specialised skill and knowledge are needed and/or from a rural/or remote community where there is difficulty in attending a mediation course or attaining tertiary or similar qualifications.

OR

ii) I have worked as a mediator prior to 1 Jan 2008 and have experience, training, and education. I am equipped with the skills, knowledge and understandings set out in the Core competencies referred to in the Practice Standards, and have met the continuing accreditation requirements set out in Section 6 of the Approval Standards.

Experience *(please provide details of your experience including years of practice and experience particularly in family law mediation and hours of mediation conducted)*

Qualification and areas of specialisation *(please provide details of educational qualifications and mediation training as well as any areas of specialisation)*

PO Box 5044
Alexandra Hills Q. 4161
Telephone: 61 7 3117 0849
Facsimile: 61 7 3117 0980

Part C) "Blended Process" Please indicate by circling YES (complete below) NO (go to part D)

I am seeking to offer advice through the use of a "blended" process such as conciliation or advisory or evaluative mediation. I am competent to do so and possess the appropriate skills, knowledge and expertise. I meet the continuing registration requirements set out in Section 5 (4) of the Approval Standards.

Registration *(please provide details of your membership or registration to your Law society or Bar Association including you registration number)*

Experience *(please provide details of a minimum of five years experience)*

Part D) Reaccreditation

I am applying to be reaccredited as a Mediator and continue to meet the approval requirements set out in Section 3 of the Approval Standards

Complete i) or ii) and iii) as evidence you have met the threshold requirements for reaccreditation:

i) Within the last two-year cycle I have conducted at least 25 hours of mediation, co-mediation or conciliation (in total duration) within the two-year cycle;

OR

ii) I have completed a minimum of 10 hours mediation, mediation or conciliation work within the two year cycle.

Please provide details of why you were unable to conduct a minimum of 25 hours mediation e.g. lack of work opportunities, family career or study break, illness or injury etc.

AND

iii) I have completed at least 20 hours of continuing professional development within the last two year cycle. The details of those CPD points are as follows:

PO Box 5044
Alexandra Hills Q. 4161
Telephone: 61 7 3117 0849
Facsimile: 61 7 3117 0980

Declaration of good character, compliance and insurance

The Approval Standards require that a mediator must have personal qualities and appropriate life, social and work experience to conduct the process independently and professionally. To be accredited, the Recognised Mediation Accreditation Body (RMAB) requires a mediator to provide the following:

a) evidence of good character; and
b) an undertaking to comply with ongoing practice standards and compliance with any legislative and approval requirements; and
c) evidence of relevant insurance, statutory indemnity or employee status; and
d) evidence of membership or a relationship with an appropriate association or organisation that has appropriate and relevant ethical requirements, complaints and disciplinary processes as well as ongoing professional support; and
e) evidence of mediator competence by reference to education, training and experience.

Reference from a professional colleague

I have known ..... (*applicant)* for more than five years and regard him/her to be of good character. I believe him/her to be honest and fair with reference to his/her social and/or work life.

Signed:		Date:	
Name: (printed)		Phone:	
Capacity in which I know the applicant:			

Undertaking and declaration

- I do not have any criminal conviction that would adversely affect my ability as a mediator in a competent, honest and appropriate manner
- I hold or am eligible to hold a current practice certificate to practice law issued by the relevant Body
- I have read the *Australian National Mediator Practice* and *Approval Standards* available at http://msb.org.au/sites/default/files/documents/Practice%20Standards.pdf and http://msb.org.au/sites/default/files/documents/Approval%20Standards.pdf
- I undertake to comply with any relevant legislation and the *Australian National Mediator Practice* and *Approval Standards*

Insurance

☐ I have professional indemnity insurance.

Insurance with		Policy Number:	

☐ I attach a copy of the current insurance certificate

PO Box 5044
Alexandra Hills Q. 4161
Telephone: 61 7 3117 0849
Facsimile: 61 7 3117 0980

Acknowledgement and declaration

I certify that the content I provide in this application is true and correct to the best of my knowledge.

Signed: _____ Date: [ ]

Name: (printed) [ ]

Payment Details. *Please disregard this section as the MSB registration fee was included in your program registration payment.*

On 1 March 2012, the MSB has introduced a registration fee of $100 (gst inclusive) payable at the time of accreditation or reaccreditation and every two years on each succeeding reaccreditation.

To find out more about the MSB registration fee go to www.msb.org.au/accreditedmediators.

Please Tick		
	I am already an AIFLAM Member and I wish to apply for National Mediator Accreditation.	$100.00
	I would like to become an AIFLAM Member and apply for National Mediator Accreditation.	$225.00
	I am not an AIFLAM member and I am only applying for National Mediator Accreditation.	$100.00

PAYMENT OPTIONS

1. EFT Payment

Westpac BSB: 032 727 **Account No:** 130 646
Account Name: AIFLAM
A remittance advice showing EFT payment details **must** accompany this form

2. Credit Card

Select Card Type: ☐ **Amex** ☐ **Visa** ☐ **MasterCard**

Name on Card: _____

Card Number : [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Expiry Date: [ ][ ][ ][ ]

Authorized Amount: _$_____

_____
Card Holder's Signature **Date**

3. Cheque

Please make your cheque payable to AIFLAM.

AIFLAM ABN: 19 009 586 654

Please Return to: AIFLAM Accreditation Committee PO Box 5044, Alexandra Hills Qld 4161 or Fax: 61 7 3117 0980 or email **mail@aiflam.org.au**.

PO Box 5044
Alexandra Hills Q. 4161
Telephone: 61 7 3117 0849
Facsimile: 61 7 3117 0980