

Application as an Advanced Accredited Mediator under AMDRAS

Full name:		
Firm:		
Address:		
City:	State:	Postcode:
Landline:		
Mobile:		
Email:		

ELIGIBILITY CRITERIA

Mediation Hours as Mediator/Conciliator or Co-mediator/Co-Conciliator

☐

I confirm that I have been accredited as an AMDRAS (or NMAS) Mediator for at least four (4) years [or two (2) renewal cycles].

If yes, please provide the following details:

Date of initial accreditation _____

Accrediting body (RAP) _____

☐

I confirm that I have completed at least 150 hours of practice hours.

Note 1: 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.

AND

☐

I confirm that I have successfully completed a Practicum Certificate Course in the last 12 months? Please provide the following details and **attach a copy of your Practicum Certificate**.

Course Provider _____

Course Details _____

Date of notification to applicant of competent assessment: _____

Continued Professional Development

☐ I confirm that I have 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)*

**Note: You should maintain a record of your CPD hours, and this can be requested by AIFLAM or by the AMDRAS Board.*

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
Name of Insurer:		Policy No.
What is your insurance renewal date?		
If No, please provide more information.		

DISCLOSURE

☐ I confirm that I have not at any time been disqualified from any type of professional practice? *(See AMDRAS Clause 38(c)(i))*

☐ I confirm that I do not have any unspent criminal convictions? *(See AMDRAS Clause 38(c)(ii))*

☐ I confirm I have no impairments(s) that could influence your capacity to discharge your obligations in a competent, honest and professional manner? *(See AMDRAS Clause 38(c)(iii))*

☐ I confirm that I have never been the subject of a complaint in my role as a mediator where the complaint was upheld and conditions imposed.

☐ I confirm that I have never been refused NMAS or AMDRAS accreditation or accreditation renewal.

☐ I confirm that I have never had my mediation accreditation suspended or cancelled *(See AMDRAS Clause 38(c)(v))*.

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 AIFLAM 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><i>(See AMDRAS Clause 42)</i></p> <p>(if no, please attach a detailed explanation)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

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

NOTE: AIFLAM may conduct random audits.

Signed:		Date:	
Name (printed):			

FEES AND PAYMENT DETAILS

☐ I am already an AIFLAM Member and I wish to apply for accreditation as an Advanced Accredited Mediator under AMDRAS. \$100.00

OR

☐ I would like to pay my AIFLAM Membership for the 2025/2026 financial year and I wish to apply for accreditation as an Advanced Accredited Mediator under AMDRAS (AIFLAM Membership \$175 to 30 June 2026 and Advanced Mediator Fee \$100) \$275.00

PAYMENT OPTIONS

1. EFT Payment	Account Name: AIFLAM BSB: 015 310 Account No: 319880089 <i>A remittance advice showing EFT payment details must accompany this form</i>
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2. Credit Card Credit card payments can be made via your member portal.

Please return this form by email to mail@aiflam.org.au