

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

Have you been accredited as an AMDRAS (or NMAS) Mediator for at least four (4) years [or two (2) renewal cycles]?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide the following details: Date of initial accreditation _____ Accrediting body (RAP) _____	
Have you completed at least 150 hours of mediation practice hours? <i>*Please attach evidence by way of a detailed log of practice hours. "Practice hours" 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>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you successfully completed AIFLAM's Advanced Practicum Certificate Course in the last 12 months? If YES, date of course _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Accreditation via Alternative Pathway

<p>Have you successfully completed AIFLAM's Psychology of Conflict and Dispute Resolution Course?</p> <p>If YES, date of course _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have you successfully completed a Practicum Certificate Course or equivalent in the last 12 months through another provider? If yes, please attach a copy of your Certificate.</p> <p>Course Provider _____</p> <p>Course details _____</p> <p>Date you received notification of competent assessment: _____</p> <p>NOTE</p> <p><i>* You must have completed a course, workshop, or supervised reflective practice that is substantially equivalent to AIFLAM'S Advanced Practicum Certificate Course.</i></p> <p><i>*The course for which you are seeking recognition must have been undertaken at a time when you were eligible to enrol in a practicum (i.e. after four years of being nationally accredited).</i></p> <p><i>*Self-reported unsupervised, unstructured, or peer-based reflective practice is not accepted as an alternative pathway.</i></p> <p><i>*If the prior learning evidence is more than 12 months old or does not meet AMDRAS standards, additional participation in a Practicum Course or the provision of further assessment evidence may be required.</i></p> <p>Additional contributions/information to support your application.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

CONTINUED 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 <i>(See AMDRAS Clause 47 and Appendix 2)</i></p> <p><i>*Note: You should maintain a record of your CPD hours, and this can be requested by AIFLAM or by the AMDRAS Board.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> < 25 HOURS <input type="checkbox"/> +25HOURS
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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

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
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
Do you have any impairments(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

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
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

