

Application as an Accredited Mediator under AMDRAS

Full name:		
Occupation:		
Address:		
City:	State:	Postcode:
Telephone:		
Mobile:		
Email:		

TRAINING AND ASSESSMENT

Year of completion

I have completed the AIFLAM mediation training course

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I have successfully completed the AIFLAM accreditation assessment

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INSURANCE

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).		☐ YES ☐ NO
Who is your insurance with?		
Policy No.		
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;	☐ YES ☐ NO
• the AMDRAS Professional Practice Domains which apply to AMDRAS accredited mediators; and	☐ YES ☐ NO
• any relevant legislation, professional standards and any other requirements that may be relevant to an AMDRAS accredited mediator?	☐ YES ☐ NO

GOOD CHARACTER

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, AIFLAM requires a mediator to provide the following:

An applicant must be of good character and possess appropriate personal qualities and experience to conduct a mediation process independently, competently and professionally and in particular must:

- (a) provide written references from two members of their community who have known them for more than three years to the effect that they are of good character, or demonstrate that they already satisfy this requirement under another system;

Reference from a professional colleague

Reference 1

I have known.....(applicant) for more than three 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			

Reference 2

I have known.....(applicant) for more than three 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:			

- (b) disclose if they have been disqualified from any type of professional practice;
- (c) disclose any criminal conviction;
- (d) disclose any impairment that could influence their capacity to discharge their obligations in a competent, honest and professional manner;
- (e) disclose if they have ever been refused NMAS/AMDRAS accreditation or accreditation renewal or had their accreditation suspended or cancelled;
- (f) comply with the Approval Standards and Practice Standards, with any relevant legislation, professional standards and any other requirements that may be relevant to them;
- (h) pay the AMDRAS registration fee in accordance with AIFLAM's practices;
- (i) become and remain a member of AIFLAM or a member or employee of an organisation with a relevant ethical code or standard and a complaints and disciplinary procedure that can address complaints against mediators;
- (j) acknowledge that AIFLAM can disclose information about them to AMDRAS and AMDRAS can release it to other RAPs upon request; and
- (k) be covered by relevant professional indemnity insurance or have statutory immunity.

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?	☐ YES ☐ 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?	☐ YES ☐ NO

Do you consent to:

- 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).

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

(See AMDRAS Clause 42)

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

Signed:

Date:

Name: (printed)