

Application for Nationally Accredited Mediator



Member Details

Name:	<input type="text"/>	
Occupation:	<input type="text"/>	
Firm:	<input type="text"/>	
Address:	<input type="text"/>	
	<input type="text"/>	<input type="text"/>
	Postcode	
Email:	<input type="text"/>	
Website:	<input type="text"/>	
	<input type="text"/>	<input type="text"/>
	Telephone	Mobile

I have completed the AIFLAM mediation training course

I have successfully completed the AIFLAM accreditation assessment

Year of completion

<input type="text"/>
<input type="text"/>

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, 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:	<input type="text"/>	Date:	<input type="text"/>
Name: (printed)	<input type="text"/>	Phone:	<input type="text"/>
Capacity in which I know the applicant:	<input type="text"/>		

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:	<input type="text"/>	Date:	<input type="text"/>
Name: (printed)	<input type="text"/>	Phone:	<input type="text"/>
Capacity in which I know the applicant:	<input type="text"/>		

- (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 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 MSB 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 the MSB and the MSB can release it to other RMABs upon request; and
- (k) be covered by relevant professional indemnity insurance or have statutory immunity.

Acknowledgement and declaration

I certify that the content I provide in this application is true and correct to the best of my knowledge and I acknowledge and declare that I comply with the requirements of good character and compliance above.

Signed:

Date:

Name: (printed)

Insurance

I have professional indemnity insurance.

Insurance with

Policy Number:

I attach a copy of the current insurance certificate