

Renewal Application as an Accredited Mediator under AMDRAS

This renewal is undertaken in accordance with the AMDRAS Standards. Please refer to AMDRAS

www.amdras.au

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

Insurance

Professional Indemnity Insurance or Statutory Immunity commensurate with your level of accreditation is mandatory for Nationally Accredited Mediators, AMDRAS. *AMDRAS Clause 43*

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.		

PRACTICE HOURS

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

☐

I confirm that I have conducted 20 hours or more of mediation, co-mediation or conciliation in the two years since accreditation or last renewal. Mediation hours may include preliminary conferences and intakes. *(See AMDRAS Clause 46(c) and Appendix 1)*

Note 1: You should maintain a record of your practice hours, and this can be requested by AIFLAM or by the AMDRAS Board.

Note 2: 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.

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If you are a Specialist Dispute Resolution Practitioner, have you met the requirement of at least 40 hours of dispute resolution practice with at least 25% being within your area of specialised practice? (See AMDRAS Clause 46(c) and Appendix 1)

OR

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I confirm that I have conducted 10 hours or more of mediation, co-mediation or conciliation in the two years since accreditation. The reasons for this are:

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Only began working as a mediator within the last two years

☐

Have been working primarily in the related areas of dispute manager, facilitator, conflict coach or related area (Please provide details below)

☐

Family, career or study break

☐

Illness or injury

☐

Other (please specify)

OR, if neither of the above apply

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I confirm that I have successfully completed AIFLAM's Australian Mediator and Dispute Resolution Accreditation Standards Re-accreditation days and I did not previously renew on this basis 2 years ago. Please write the date on the line below.

B. Mediation related CPD – 25 hours (tick one option only)

Please note that the maximum hours that can be claimed under each CPD category are:

CPD courses, educational programs, seminars or workshops OR conferences on mediation or related skill areas (see competencies in the <i>Practice Standards</i>).	up to 20 hours
Reflecting on Practice (receiving external supervision or coaching) peer-based reflection on mediation.	up to 15 hours
Providing professional development presentations at ADR or similar workshops including 2 hours of preparation time for each hour delivered or providing supervision, coaching, mentoring or assessment.	up to 15 hours
Representing clients in up to 4 mediations (up to 2 hours each), or role-plays.	up to 8 hours
Credit for related professional CPD (e.g. in law, social science, engineering).	up to 10 hours
Self-directed learning – such as reading, listening or viewing or if publishing writing on mediation.	up to 5 hours
Other such activities as may be approved by AMDRAS on application of AIFLAM.	up to 5 hours

Please attach a copy of your CPD Record.

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I certify that I have completed 25 hours of CPD activities in the two-year accreditation period [AMDRAS Clause 47 and Appendix 2].

OR

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I certify that I will complete 25 hours of CPD activities within 2 months of the renewal of my accreditation period AND will confirm to AIFLAM secretariat that I have done so on or before the expiry of the additional 2 months.

GOOD CHARACTER and DISCLOSURE

(a) Have you at any time been disqualified from any professional practice? (See AMDRAS Clause 38(c)(i)) (if YES, please attach a detailed statement and explanation).	<input type="checkbox"/> YES <input type="checkbox"/> NO
(b) Do you have any unspent criminal convictions? (See AMDRAS Clause 38(c)(ii)) (if YES, please attach a detailed statement and explanation).	<input type="checkbox"/> YES <input type="checkbox"/> NO
(c) Do you have any impairment(s) that could influence your capacity to discharge your obligations in a competent, honest and professional manner? (See AMDRAS Clause 38(c)(iii)) (if YES, please attach a detailed statement and explanation).	<input type="checkbox"/> YES <input type="checkbox"/> NO

(d) 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
(e) 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
(f) 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
(g) Are you currently registered through another RAP? You can not 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
• 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).	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>(See AMDRAS Clause 42)</i>	

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 Australian Mediator and Dispute Resolution Accreditation (AMDRAS fee payable every 2 years from the date of accreditation or renewal) \$150.00

OR

☐ I would like to pay my AIFLAM Membership for the 2025/2026 financial year and I wish to apply for Australian Mediator and Dispute Resolution Accreditation (AIFLAM Membership \$175 to 30 June 2026 and AMDRAS Fee \$150) \$325.00

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>	
2.	Credit Card	Credit card payments can be made via your member portal.	

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