

Application for Re-Accreditation as a Mediator



It is a requirement that applicants read the National Mediator Accreditation Approval Standards & Practice Standards before completing this form. Those standards can be found at www.msb.org.au.

All mediator applications will be reviewed by the AIFLAM Mediation Committee and they will be notified by email if their application is successful.

Member Details

Name:	<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

Accredited Mediator Application - Reaccreditation

I am applying to be reaccredited as a Mediator and continue to meet the approval requirements set out in Section 3 of the Approval Standards

I confirm that I have conducted 25 hours of mediation, co-mediation or conciliation in the two years since accreditation. Please provide details below.

OR

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

- 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

I confirm that I have successfully completed the AIFLAM NMAS Re-accreditation day. Please write date on the line below.

Mediation Experience

I estimate that I have conducted the following total number of hours of mediation, co-mediation or conciliation over the 2 years since accreditation (*Optional*)

For 25 hours (or 10 hours) ONLY of mediation, co-mediation or conciliation practice, please provide details:

Date	Type of Matter: Mediation / Conciliation / Co-mediation / Conciliation practice	Nature of Mediation	No. of hours Media tion	No of hours Concilia tion	No of hours Co- Media tion	No of hours Co- Concili ation
Total number of hours:						

CPD Experience

Applicants are required to meet the continuing accreditation requirements of having **completed 25 hours** of CPD in the two-year accreditation period [Approval Standards, section 3.5]. Please complete the CPD register below to assist in your reaccreditation.

Record of continuing professional development activities completed in the last two years

	Dates	Name/ subject of course/ seminar/workshop etc	Provider/supervisor/other	No of allowed hours	Actual no. of hours
1.	CPD courses, educational programs, seminars or workshops OR conferences on mediation or related skill areas (see competencies in the <i>Practice Standards</i>).			<i>Up to 20 hours</i>	
2.	Reflecting on Practice (receiving external supervision or coaching) peer-based reflection on mediation			<i>Up to 15 hours</i>	
3.	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.			<i>Up to 15 hours</i>	
4.	Representing clients in up to 4 mediations (up to 2 hours each), or role-plays			<i>Up to 8 hours</i>	
5.	Credit for related professional CPD (e.g. in law, social science, engineering)			<i>Up to 10 hours</i>	
6.	Self-directed learning – such as reading, listening or viewing or if publishing writing on mediation			<i>Up to 5 hours</i>	

7. Other such activities as may be approved by the MSB on application of AIFLAM.				Up to 5 hours	
	Total number of hours				

I certify that I have completed 25 hours of CPD activities in the two-year accreditation period.

Name (printed):

Signed: Dated:

ALL TO COMPLETE
Declaration of 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:

- a) an undertaking to comply with ongoing practice standards and compliance with any legislative and approval requirements; and
- b) evidence of relevant insurance, statutory indemnity or employee status; (declaration and proof required below)
- (c) disclose if they have been disqualified from any type of professional practice;
- (d) disclose any criminal conviction;
- (e) disclose any impairment that could influence their capacity to discharge their obligations in a competent, honest and professional manner;
- (f) disclose if they have ever been refused NMAS accreditation or accreditation renewal or had their accreditation suspended or cancelled;
- (g) compliance with the Approval Standards and Practice Standards, with any relevant legislation, professional standards and any other requirements that may be relevant to them;
- (h) Payment of 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

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 undertake to comply with ongoing practice standards and legislative and approval requirements and I acknowledge and declare that I understand and will comply with the above requirements.

Signed:

Date:

Name: (printed)

ALL TO COMPLETE Insurance

I have professional indemnity insurance.

Insurance with

Policy Number:

I attach a copy of the current insurance certificate

