

Application for Renewal of National 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 on the Australian Mediation & Dispute Resolution Accreditation Standards (AMDRAS) Board website (formerly MSB) at www.msb.org.au.

Member Details

| | | |
|------------|-------|----------|
| Full Name: | | |
| Firm: | | |
| Address: | | |
| | State | Postcode |
| Website: | | |
| Landline: | | |
| Mobile: | | |

Accredited Mediator Application – Accreditation renewal

I am applying to be renew my national accreditation as a Mediator and I certify that I continue to meet the approval requirements set out in Section 3 of the Approval Standards as follows:

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

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

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|---|----------------|
| 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 |

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| 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 the MSB on application of AIFLAM. | up to 5 hours |

I certify that I have completed 25 hours of CPD activities in the two-year accreditation period [Approval Standards, section 3.5].

OR

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.

B. Mediation Hours as Mediator/Conciliator or Co-mediator/Co-Conciliator (tick one option only)

I confirm that I have conducted 25 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.

OR

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:

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

I confirm that I have successfully completed the AIFLAM National Mediation Accreditation Scheme Re-accreditation days and I did not previously renew on this basis 2 years ago. Please write the date on the line below.

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/AMDRAS registration fee;
- (i) become and/or remain a financial member of AIFLAM at all times during their individual 2 year accreditation cycle; and
- (j) acknowledge that AIFLAM can disclose information about them to the AMDRAS Board and the AMDRAS Board can release it to other RMABs upon request.

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.

I certify that I have retained documents or evidence substantiating the number of hours for which I have conducted mediation, co-mediation or conciliation in the two years since accreditation or last renewal.

I certify that I have retained registration forms, brochures, papers, certificates of attendance and any other relevant material to assist AIFLAM in assessing the validity of the claimed CPD points and, if requested to do so, I am able to provide such documents or evidence substantiating the information contained in this Application.

NOTE: AIFLAM may conduct random audits.

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|------------------------|--|--------------|--|
| Signed: | | Date: | |
| Name (printed): | | | |

ALL to complete Insurance

I have professional indemnity insurance and I attach a copy of the current insurance certificate

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|-----------------|--|-----------------------|--|
| Insurer: | | Policy Number: | |
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Fees and Payment Details

I am already an AIFLAM Member and I wish to apply for National Mediator Accreditation (MSB 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 2024/2025 financial year and I wish to apply for National Mediator Accreditation (AIFLAM Membership **\$175** and MSB/AMDRAS Fee **\$150**) \$325.00

PAYMENT OPTIONS

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| 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 | | | | | | | | | | | | | | | | | | | | | |
| Card Type: | <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard | | | | | | | | | | | | | | | | | | | | |
| Name on card: | | | | | | | | | | | | | | | | | | | | | |
| Card Number: | <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | |
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| Expiry Date: | <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td>/</td><td></td><td></td></tr></table> Authorised Amount: \$ _____ | | | / | | | | | | | | | | | | | | | | | |
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| CCV | _____ | | | | | | | | | | | | | | | | | | | | |
| Signature: | Date: _____ | | | | | | | | | | | | | | | | | | | | |

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