

Application for Nationally Accredited 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"/>	
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

Complete Part A if you are applying for accreditation as a Nationally Accredited Mediator having completed a mediation education and training course. You are eligible to apply if you have:

- Attended five days of AIFLAM mediation training or training through another organisation; or
- Attended 38 hours mediation training through another organisation;
- Successfully completed a skills assessment as assessed by the AIFLAM Mediation Committee or another organisation; and
- Successfully completed the reflective component as assessed by the AIFLAM Mediation Committee or another organisation.

If not – complete Part B

Complete Part C if this Application is for Accreditation under CALD knowledge, experience and assessment as set out in Section 2.5(c) of the Approval Standards

Part A) Accredited Mediator Application - Education & Training Course

Complete i) or ii) as evidence of your threshold training and accreditation in mediation:

i)	I have completed the AIFLAM mediation training course	<i>Year of completion</i> <input style="width: 100px; height: 20px;" type="text"/>
	I have successfully completed the AIFLAM accreditation assessment	<input style="width: 100px; height: 20px;" type="text"/>

OR

ii)	I have completed the mediation training with another RMAB or mediation-training organisation: <i>Please provide details of the training RMAB or organisation:</i>	<i>Year of completion</i> <input style="width: 100px; height: 50px;" type="text"/>
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AND (ii) and (iii) are together

iii)	I have completed assessment and accreditation with another RMAB or mediation training organisation: <i>Please provide details of the accrediting RMAB or organisation:</i>	<input style="width: 100px; height: 50px;" type="text"/>
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I attach copies of the certificates of completion of the **training** and **accreditation assessment** with the non-AIFLAM organisation.

Complete Part B if you are applying to the Mediation Committee to be accredited as a mediator as set out in Section 2.5 of the Approval Standards.

Part B) Accredited Mediator Application

I wish to apply as a qualified experienced practitioner and believe I meet the approval requirements set out in Section 2.5 of the Approval Standards.

Complete (i)-(iv) as evidence of your experience, education and assessment as set out in paragraph 2.5(b) of the Approval Standards

i) I have conducted at least 100 hours of mediation prior to this application; include details of mediations (Names not required, but initials or reference – date, type of mediation, hours taken.)

AND

ii) I have completed mediator training, supervision or education to the satisfaction of the RMAB; and

iii) I have been found competent in an assessment as described in Section 2. 4 of the Approval Standards.

AND

iv) I have met the continuing accreditation requirements described in Section 3 of the Approval Standards within the two years prior to application;

Part B (i) – Evidence of Experience

Date	Broad area of mediation include type	No. of hours

		Total number of hours:

Part B (ii) Evidence of Mediator Training

(ii) Having completed mediator training, supervision or education to the satisfaction of AIFLAM;

Please list the Name of the Course, where and when completed, and attach proof of attendance / certificate.

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Part B (iii) Evidence of Assessment

(iii) Having been found competent in the assessment as described in Section 2.4 of the Standards;

Please list the Assessment and Name of the Course (if applicable), where and when completed, and attach proof of assessment as competent.

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Part B – (iv) Evidence of CPD Experience

	Dates	Name/ subject of course/ seminar/workshop etc	Provider/supervisor/other	No of allowed hours	Actual no. of hours
1.				<i>Up to 20 hours</i>	
2.				<i>Up to 15 hours</i>	
3.				<i>Up to 15 hours</i>	
4.				<i>Up to 8 hours</i>	
5.				<i>Up to 10 hours</i>	
6.				<i>Up to 5 hours</i>	
7.				<i>Up to 5 hours</i>	
Total number of hours					

If using (i)- (iv) above, please provide two (2) references attesting to the Mediator's competence.

Competency Reference 1

I have witnessed (applicant) conduct Mediation/s and would attest to their competency.

Signed:	<input type="text"/>	Date:	<input type="text"/>
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Name: (printed)	<input type="text"/>	Phone:	<input type="text"/>
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Capacity in which I know the applicant:	<input type="text"/>
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Competency Reference 2

I have witnessed (applicant) conduct Mediation/s and would attest to their competency.

Signed:	<input type="text"/>	Date:	<input type="text"/>
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Name: (printed)	<input type="text"/>	Phone:	<input type="text"/>
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Capacity in which I know the applicant:	<input type="text"/>
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Complete Part C if this Application is for Accreditation under CALD knowledge, experience and assessment as set out in Section 2.5(c) of the Approval Standards

Part C) - APPLICATION for Accreditation under CALD knowledge, experience and assessment

- (i) I attach evidence to AIFLAM that I possess appropriate mediation experience and knowledge of the unique values and traditions within the culturally and linguistically diverse (CALD) community with which I identify; and
- (ii) I provide two references attesting to my competence as a mediator; and
- (iii) I provide proof of having been found competent in the assessment as described in Section 2.4.

If using PART C please provide two (2) references attesting to the Mediator’s competence.

Competency Reference 1

I have witnessed (applicant) conduct Mediation/s and would attest to their competency.

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"/>		

Competency Reference 2

I have witnessed (applicant) conduct Mediation/s and would attest to their competency.

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"/>		

- iii) Having been found competent in the assessment as described in Section 2.4 of the Standards

Please list the Assessment and Name of the Course (if applicable), where and when completed, and attach proof of Assessment as competent.

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ALL TO COMPLETE

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

