

# 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](http://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.

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## 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:<br>Mediation / Conciliation /<br>Co-mediation / Conciliation practice | Nature of Mediation | No. of<br>hours<br>Media<br>tion | No of<br>hours<br>Concilia<br>tion | No of<br>hours<br>Co-<br>Media<br>tion | No of<br>hours<br>Co-<br>Concili<br>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/<br>subject of course/<br>seminar/workshop etc | Provider/supervisor/other | No of<br>allowed<br>hours | Actual no.<br>of hours |
|----|--|---|---------------------------|---------------------------|------------------------|
| 1. | CPD courses,<br>educational programs,<br>seminars or workshops<br>OR conferences on<br>mediation or related<br>skill areas (see<br>competencies in the<br><i>Practice Standards</i> ).   |   |                           | <i>Up to 20<br/>hours</i> |                        |
| 2. | Reflecting on Practice<br>(receiving external<br>supervision or coaching)<br>peer-based reflection on<br>mediation   |   |                           | <i>Up to 15<br/>hours</i> |                        |
| 3. | Providing professional<br>development<br>presentations at ADR or<br>similar workshops<br>including 2 hours of<br>preparation time for<br>each hour delivered or<br>providing supervision,<br>coaching, mentoring or<br>assessment. |   |                           | <i>Up to 15<br/>hours</i> |                        |
| 4. | Representing clients in<br>up to 4 mediations (up<br>to 2 hours each), or<br>role-plays  |   |                           | <i>Up to 8<br/>hours</i>  |                        |
| 5. | Credit for related<br>professional CPD (e.g. in<br>law, social science,<br>engineering)  |   |                           | <i>Up to 10<br/>hours</i> |                        |
| 6. | Self-directed learning –<br>such as reading,<br>listening or viewing or if<br>publishing writing on<br>mediation   |   |                           | <i>Up to 5<br/>hours</i>  |                        |

|  |                              |  |  |               |  |
|--|------------------------------|--|--|---------------|--|
| 7. Other such activities as may be approved by the MSB on application of AIFLAM. |                              |  |  | Up to 5 hours |  |
|  | <b>Total number of hours</b> |  |  |               |  |

**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 NMA 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

## Fees and Payment Details

- |                          |  |          |
|--------------------------|--|----------|
| <input type="checkbox"/> | I am already an AIFLAM Member and I wish to apply for National Mediator Accreditation (MSB Fee)  | \$100.00 |
| <input type="checkbox"/> | I would like to pay my AIFLAM Membership and I wish to apply for National Mediator Accreditation (AIFLAM Membership \$150 and MSB Fee \$100) | \$250.00 |

## PAYMENT OPTIONS

|  |   |                       |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|-----------------------|--|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>1. EFT Payment</b>  | Account Name: AIFLAM<br>BSB: 015 310  | Account No: 319880089 |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <i>A remittance advice showing EFT payment details <b>must</b> accompany this form</i> |   |                       |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2. Credit Card</b>  | Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard<br><br>Name on card: _____<br>Card Number: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100%;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table> |                       |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Expiry Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 30px;"> <tr><td style="width: 15px; height: 20px;"></td></tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 30px;"> <tr><td style="width: 15px; height: 20px;"></td></tr> </table>  |                       |  | Authorised Amount: \$ _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |                       |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |                       |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | CCV _____   |                       |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Signature: _____ Date: _____  |                       |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3. Cheque</b>   | Please make your cheque payable to AIFLAM.  |                       |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Please return to: AIFLAM Mediation Committee  
PO Box 4060, Norwood South SA 5067

Or email to: [mail@aiflam.org.au](mailto:mail@aiflam.org.au)