

# Application to become an AMDRAS Recognised Provider: Recognised Training Provider (RTP) pursuant to the AMDRAS Standards

Complete the following application form, which will be submitted via email.

**Full name of Organisation making application:**

and Trading Name (if different):

**Website Address:**

**Address of Organisation making application**

**Street Address:**

**City:**

**State:**

**Postcode:**

**Phone:**

**Email:**

**Name of Authorized Representative:**

If contact details are different to above,

**Phone:**

**Email:**

**Is the organisation an RMAB or RAP?<sup>1</sup>**

**Yes**

**No**

*If your answer to the previous question is "Yes", how many registered practitioner members do you have?*

*If your answer to the previous question is "No", this application will also become an application for membership of Australian Mediator and Dispute Resolution Accreditation Standards Board Limited, ACN 145 829 812 (the company) unless claiming exemption under cl. 20(2).*

**Is the organisation claiming exemption under cl. 20(2)?**

**Yes**

**No**

If your answer to the previous question is "Yes" please provide details by a separate attachment to this application the reasons for this. You are still required to answer the following questions.

Please note that this Application will be treated in the strictest of confidence and will not be distributed or otherwise dealt with by the AMDRAS Board and its staff without the express permission of the Applicant.

<sup>1</sup> If your organisation **is not** a financial member of AMDRAS you will need to seek approval from the Board to become a member unless there is some impediment to your organisation being able to do this as provided for in cl. 20(2).

You can use this application to become a financial member.

## Application Questions

Complete the following Application Form, being certain to respond to each substantive question

### 1. Administrative and Regulatory Context

1.1 Are you familiar with the following documents

**Yes      No**

AMDRAS Standards

AMDRAS - Guidelines for Certificate of Training (COT)

AMDRAS - Guidelines for Certificate of Assessment (COA) Mediation Simulation

AMDRAS - Guidelines for Certificate of Assessment (Written)

AMDRAS - Guidelines for Practicum Certificate (PC)

Please check Parts 4 and 5 and Appendices 1 and 4 of the AMDRAS. Note that pursuant to AMDRAS clause 20: ,

- only Recognised Training Providers (RTP) can provide training under AMDRAS unless an exemption is granted : .
- A RTP can provide training through a third-party provider ensuring that the AMDRAS requirements are complied with pursuant
- RTPs can combine to provide parts of an AMDRAS course.

1.2 Have you read the AMDRAS requirements especially those concerning Parts 4 and 5 of the Standards.

**Yes      No**

### 2. Information about your training team

2.1 Your teaching team is crucial in the delivery of courses and there are certain requirements in relation to this. Please check: AMDRAS clauses 24 and 28 and Appendix 1.

Please provide a list of your suitably qualified trainers.

#### PRINCIPAL TRAINER

Name:

Email:

Does your Principal Trainer have at least

- |  |            |           |
|--|------------|-----------|
| 4 years' experience as a Registered Practitioner | <b>Yes</b> | <b>No</b> |
| 150 hours practice as a Registered Practitioner  | <b>Yes</b> | <b>No</b> |
| 150 hours training experience                    | <b>Yes</b> | <b>No</b> |

**ASSISTANT TRAINERS**

Name	Email	Year's Experience as a Registered Practitioner	Hour's Practice as a Registered Practitioner

Please provide a list of your suitably qualified coaches if you have appointed them or will appoint them.

**ASSISTANT COACHES**

Name	Email	Year's Experience as a Registered Practitioner	Hour's Practice as a Registered Practitioner

Please provide a list of your suitably qualified independent assessors if you have appointed them or will appoint them.

**ASSESSORS**

Name	Email	Has at least 3 years' experience as a Registered Practitioner		Has at least 100 hours experience as a Registered Practitioner	
		Yes	No	Yes	No

### 3. Course Provision

Please provide details about what training you are intending to provide and in what format.

**You will need to provide a course outline as an attachment when submitting this form. Please match your course outline against the AMDRAS professional domains.**

3.1 AMDRAS provides for a range of different training including the Certificate of Training, the Certificate of Assessment and the Practicum. Which of these do you intend to offer?

**Certificate of Training**

**Certificate of Assessment**

**Practicum**

3.2 Will your course offerings be online, face-to-face or a combination of these?

3.3 Are your course offerings targeted at a particular professional or other group or are they “generalist” in nature being aimed at a cross-disciplinary group?

3.4 Do you have a plan for how many courses you will offer per annum, or will you offer courses in response to demand?

3.5 What resources (texts etc) will be provided to participants?

3.6 If you are offering/s the Certificate of Assessment, have you provided for the resourcing of a written assessment as well as the assessment of role-plays? If so, please provide details.

3.7 Will your course offerings provide any special provisions to support accessibility and inclusion? If so, please provide details.

3.8 Will your course offering/s be provided in conjunction or shared with other RTPs or training organizations? Note that under clause 20 only RTPs may offer AMDRAS training unless the Board provides an exemption to an education or training provider in a specific case upon such conditions that the Board may determine or an RTP reaches an agreement with an education or training provider, which is not an RTP, to provide part of a TAF course upon certain undertakings. If so, please provide details.

Note: You do not have to provide ongoing details to the Board of your course offerings unless there is a new offering or a significant change in your offerings or upon request by the Board.

#### 4. Complaints Management

4.1 Do you have in place a relevant complaints management policy and process pursuant to AMDRAS Part 6 or an exemption from such requirement? **Yes** **No**

If so, please provide details.

#### 5. Other

5.1 What else could you say about your application that may be relevant?

Please provide details of any particular circumstances that might apply to your AMDRAS training offerings.

## 8. Authorisation

*The Applicant acknowledges that admission as a member of the Company is at the discretion of the board. If admitted as a member of the Company, the Applicant agrees to be bound by the Company's constitution, to pay any membership fees associated with the class of membership for which it is applying and to a member's liability of \$10m.*

Signature:

Date:

Authorised Signatory:

Supporting documents can be attached when this form is submitted.

The following files must also be attached when this form is submitted

The Organisation's logo (where available)

Details of the reason for claiming exemption under cl. 20(2) (if relevant)

The Organisation's Complaint process

Provide your course outline against AMDRAS, by providing details by reference to the Training and Assessment Framework (TAF) and Professional Practice Domains where appropriate (including reference to Parts 4 and 5 and Appendices 1 and 4 of the AMDRAS, of the scope of training that will be provided, to ensure it is consistent with AMDRAS and its objectives.

Assessment tools

