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Application as an Advanced Accredited Mediator under AMDRAS

Please submit this completed form along with all supporting documentation to your Recognised Accreditation Provider (RAP). Application fees may apply as determined by your RAP.

Full name: <input type="text"/>		
Address: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Postcode: <input type="text"/>
Mobile: <input type="text"/>		
Email: <input type="text"/>		

ELIGIBILITY CRITERIA

Have you been accredited as an AMDRAS (or NMAS) mediator for at least 4 years (or two renewal cycles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide the following details: Date of initial accreditation: <input type="text"/> Accrediting body (RAP): <input type="text"/>	
Have you completed at least 150 hours of mediation practice hours? <i>*Please attached evidence by way of a detailed log of practice hours.</i> <i>"Practice" hours can include:</i> <ul style="list-style-type: none">• up to 5 hours of intake and preparatory work to set up the dispute resolution process.• up to 5 hours of observing a more experienced practitioner.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed a Practicum Certificate Course in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide the following details: Course Provider: <input type="text"/> Course Dates: <input type="text"/> Date of notification to applicant of competent assessment: <input type="text"/> <ul style="list-style-type: none">• if YES, please attach your Practicum Certificate• if NO, please provide information to support the alternative pathway application sought*	

* Alternate Pathway Protocols under development.

CONTINUED PROFESSIONAL DEVELOPMENT

<p>Have you kept a CPD record and met the requirements of 25 hours over two years of CPD directed at developing or maintaining the Professional Attributes? (See <i>AMDRAS Clause 47 and Appendix 2</i>)</p> <ul style="list-style-type: none"> <i>Note: You should maintain a record of your CPD hours, and this can be requested by our organization or by the AMDRAS Board.</i> CPD Table 2: Activities and CPD Hours Master Table 	<input type="checkbox"/> < 25 HOURS <input type="checkbox"/> +25HOURS <input type="checkbox"/> YES <input type="checkbox"/> NO
Please attach a copy of your CPD Record.	

** Note that this section is optional for RAP's to include, so long as they are satisfied that the Registered Practitioner meets the requirements at accreditation renewal time.*

INSURANCE

Are you covered by relevant professional indemnity insurance or have statutory immunity? (See <i>AMDRAS Clause 43</i>) (if YES, please attach your Certificate of Currency or other evidence of insurance cover).	<input type="checkbox"/> YES <input type="checkbox"/> NO
What is your insurance renewal date?	
If No, please provide more information.	

** Note that this section is optional for RAP's to include, so long as they are satisfied that the Registered Practitioner meets the requirement at accreditation renewal time.*

DISCLOSURE

(a) Have you at any time been disqualified from any type of professional practice? (See <i>AMDRAS Clause 38(c)(i)</i>) (if YES, please attach a detailed statement and explanation).	<input type="checkbox"/> YES <input type="checkbox"/> NO
(b) Have you any unspent criminal convictions? (See <i>AMDRAS Clause 38(c)(ii)</i>) (if YES, please attach a detailed statement and explanation).	<input type="checkbox"/> YES <input type="checkbox"/> NO
(c) Do you have any impairment(s) that could influence your capacity to discharge your obligations in a competent, honest and professional manner? (See <i>AMDRAS Clause 38(c)(iii)</i>) (if YES, please attach a detailed statement and explanation).	<input type="checkbox"/> YES <input type="checkbox"/> NO
(d) Have you ever been the subject of a complaint in your role as a mediator where the complaint was upheld and conditions imposed? (if YES, please attach a detailed statement and explanation).	<input type="checkbox"/> YES <input type="checkbox"/> NO
(e) Have you ever been refused NMAS or AMDRAS accreditation or accreditation renewal? (See <i>AMDRAS Clause 38(c)(iv)</i>) (if YES, please attach a detailed statement and explanation).	<input type="checkbox"/> YES <input type="checkbox"/> NO

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| (f) Have you ever had your mediation accreditation suspended or cancelled? <i>(See AMDRAS Clause 38(c)(v))</i> (if YES, please attach a detailed statement and explanation). | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| (g) Are you currently registered through another RAP? You can not be registered through more than one RAP. If you are seeking a transfer, please complete a transfer form. | <input type="checkbox"/> YES <input type="checkbox"/> NO |

ACKNOWLEDGEMENT, UNDERTAKING and CONSENT

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| (a) Do you acknowledge and agree to be bound by the AMDRAS Code of Ethics and Professional Practice Domains, where they do not conflict with other professional obligations? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| (b) Do you understand the Ethical Code of Practice and Complaints and Disciplinary Procedure associated with [NAME OF RAP], [Link to the Information] and agree to comply with the obligations? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you consent to: <ul style="list-style-type: none">Your personal information being disclosed to the AMDRAS Board or relevant AMDRAS-related entity; andYour name, registration status and accreditation body released on the AMDRAS National Register; andThe AMDRAS Board or entity releasing the information to other AMDRAS-related entities (but to no-one else without the consent of all parties concerned). <i>(See AMDRAS Clause 42)</i>
(if NO, please attach a detailed explanation). | <input type="checkbox"/> YES <input type="checkbox"/> NO

<input type="checkbox"/> YES <input type="checkbox"/> NO

<input type="checkbox"/> YES <input type="checkbox"/> NO |

I certify that the contents of this Application are true and correct.

SIGNATURE

DATE

Additional Information for the RAP

- Each RAP should include information about whether an additional fee applies to apply for accreditation at a higher level or 'out of cycle'
- Note that this form should be used for accredited mediators to apply for advanced accreditation outside of their regular renewal period, otherwise it should be incorporated into the standard renewal application form (see suggested template [here](#)). However, RAP's should be aware of the following:
- S15b of the AMDRAS states that:
 - *In addition, the person must either: (i) have satisfactorily completed the Practicum Certificate course within the previous 12 months; or (ii) have met the requirements of an alternative pathway in accordance with Division 8 of this Part.*
- However, S39b only permits elevation to a higher level of accreditation at the next renewal cycle.
 - *An applicant for accreditation as an Advanced Mediator must apply within 12 months of obtaining a Practicum Certificate and they shall be moved to the Advanced level in the next renewal cycle.*
- This timing inconsistency is expected to be addressed in the next update to the standards. In the interim, RAPs should note that any ad hoc applications for Advanced Mediator accreditation must still be administered in line with the requirement that elevation to Advanced status occurs at the applicant's next renewal. RAPs will therefore need to track and manage such applications accordingly, ensuring they are actioned at the appropriate renewal point.