



**aiflam**

AUSTRALIAN INSTITUTE OF FAMILY LAW  
ARBITRATORS AND MEDIATORS

**To complete your Application please supply the following pages:**

- 1. All Applications must complete Section A pages 1 and 2.**
- 2. Standard Re-accreditation – Section B pages 3, 4, 5 & 6** - including evidence of mediation (and/or conciliation) practice
- 3. Blended Process for Re-accreditation – Section C Page 7** - Information to support conducting a blended process
- 4. All Applications - Payment Section – Page 8**

As a condition of ongoing accreditation under NMAS, Mediators must seek re-approval every two years [Approval Standards Section 3]. One of the requirements for national accreditation is payment of a \$100 registration fee to the Mediator Standards Board. Please forward payment with this form (cheque or credit card details) payable to AIFLAM. Payment will be processed after accreditation is granted.

**DECLARATION:**

I certify that the content of this application is true and correct to the best of my knowledge and belief and I declare:

- The declarations I made in my application for accreditation under the NMAS relating to “good character” continue to be true
- I am without any serious conviction or impairment that could influence my capacity to discharge my obligations as a mediator in a competent, honest and appropriate manner
- To the best of my knowledge and belief I am not a ‘prohibited person’ (or its equivalent) as defined in any jurisdiction
- I have not been disqualified to practise by another professional association relating to any other profession (for example, a Law Society or a Medical Association).
- I have never been refused NMAS Accreditation or accreditation renewal or had my accreditation suspended or cancelled.
- I confirm that I comply with the *NMAS Approval Standards and Practice Standards*.
- I consent to AIFLAM disclosing information about me to the MSB and the MSB can release that to other RMABs upon request
- I am a member of AIFLAM or other RMAB. If another please provide details.....

.....  
If unable to tick **any** of the above boxes please provide relevant information and documents.

**SECTION A**

Title		Firm	
First name			
Last name		Address	
Telephone			
Email			
Mobile		DX	
Year admitted		Occupation	
Qualifications			

## SECTION A continued

### INSURANCE SECTION – MUST COMPLETE

<input type="checkbox"/>	I confirm that I continue to have private professional indemnity insurance
	• Name of insurance company
	• Policy number
	• Expiry date of Policy

OR

<input type="checkbox"/>	I confirm that I have employee status (which provides me with insurance cover where relevant) or statutory indemnity through my employer or the agency that I work with as follows:
	Name of Employer:

Information about any other matter you wish to disclose that may influence your capacity to discharge your duties as a Mediator? ..... ..... ..... .....
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Signed: .....	Dated: .....
Name: .....	(Please Print)

## SECTION B

Evidence of Mediation, Co-Mediation or conciliation practice – Applicants must have conducted at least 25 hours of mediation, co-mediation or conciliation within the two-year cycle prior to re-accreditation (Approval Standards Section 3.2)

	<p><b>I confirm that I have conducted 25 hours of mediation, co-mediation or conciliation in the two years since accreditation.</b> Please provide details below on page 4.</p>
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**OR**

	<p><b>I confirm that I have completed 10 hours of mediation, co-mediation or conciliation in the two years since accreditation.</b> The reasons for this are:</p>
<input type="checkbox"/>	Only began working as a mediator within the last two years
<input type="checkbox"/>	Have been working primarily in the related areas of dispute manager, facilitator, conflict coach or related area. <i>(Please provide details below)</i>
<input type="checkbox"/>	Family, career or study break
<input type="checkbox"/>	Illness or injury
<input type="checkbox"/>	Residence in a non-urban or CALD Community
<input type="checkbox"/>	Other (please specify)
<p>Please provide details and evidence in support of the above reason/s</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p>I estimate that I have conducted the following total number of hours of mediation, co-mediation or conciliation over the 2 years since accreditation <i>(Optional)</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	



## **SECTION B continued**

### **CONTINUING PROFESSIONAL DEVELOPMENT**

Applicants are required to meet the continuing accreditation requirements of having completed 5 hours of CPD in the two-year accreditation period [Approval Standards, section 3.5]. A CPD record sheet is attached to this form on Page 6 for your completion and return with this application.

I certify that I have completed 25 hours of CPD activities in the two-year accreditation period.

Signed: .....	Dated: .....
Name: .....	(Please Print)

## SECTION B continued

### Record of continuing professional development activities completed in the last two years

	Dates	Name/subject of course/seminar/workshop	Provider/ supervisor/ other	No of allowed hours	Actual no. of hours
1. <b>Participating in Education</b> CPD courses, educational programs, seminars, workshops or conferences on mediation or related skill areas				<i>(up to 15 hours)</i>	
2. <b>Reflecting on Practice</b> Receiving professional supervision or coaching or structured reflection on mediation cases.				<i>(up to 15 hours)</i>	
3. <b>Providing Professional Development</b> Delivering presentations on mediation or related topics, including 2 hours of preparation for each hour delivered, or providing supervision, assessment, coaching or mentoring to mediation trainees and mediators.				<i>(up to 15 hours)</i>	
4. <b>Credit for related Professional CPD</b> CPD to maintain professional licensing or accreditation related to your mediation practice (eg: law, social science, engineering)				<i>(up to 10 hours)</i>	
5. <b>Learning from Practice</b> Participating in up to 4 Mediations as a client representative or in a formal learning capacity (up to 2 hours per mediation) or role-playing for trainee mediators and candidates for assessment (up to 2 hours per simulation)				<i>(up to 8 hours)</i>	
6. <b>Self-directed learning</b> Private study such as reading, listening to or viewing pre-recorded or electronic material, writing articles or books relevant to mediation published by recognized publishers or journals				<i>(up to 5 hours)</i>	
7. <b>Other – as may be approved by the MSB on application of AIFLAM</b>				<i>(up to 5 hours)</i>	
Total number of hours:					

## SECTION C

### Only complete this page if you use a **BLENDED PROCESS** such as conciliation, advisory or evaluative mediation

A 'blended' process refers to conciliation, advisory or evaluative mediation in which the mediator offers specialised advice. See Practice Standards Section 10.2. Applicants who seek to offer specialised advice through the use of a 'blended' process must also provide evidence to AIFLAM of the items listed below. If you only give advice about the dispute resolution process, please tick 'No' in the first line.

Yes	No	I always or sometimes use a 'blended' process such as conciliation, advisory or evaluative mediation
<input type="checkbox"/>	<input type="checkbox"/>	

If yes, please complete the remaining boxes on this page

<input type="checkbox"/>	I confirm my membership or registration within the professional area in which I give advice.
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<input type="checkbox"/>	I confirm that I have completed an appropriate degree, or equivalent qualification in the area of my expertise from a university or former college of advanced education, of at least 4 years equivalent full-time duration, or a VET-approved organisation to a National Framework Level 6 standard
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In what area(s) do you give advice?	
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Name of membership or registering body:	
Membership/registration number:	
Current to (date)	
Name of qualification:	
Name of institution:	
Year of graduation:	




<input type="checkbox"/>	I confirm that I am required to obtain consent from participants to use the Blended Process.
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Signed: .....	Dated: .....
Name: .....	(Please print)

Application for re-accreditation under the **National Mediator Accreditation System**

Please complete the relevant pages and return to AIFLAM together with payment for Registration Fee of \$100.

Pursuant to the Mediator Standards Board a fee of \$100.00 is applicable. \$90.00 is forwarded to the MSB and the NMAS collects \$10.00.

<b>PAYMENT OPTIONS</b>	
<b>1. EFT Payment</b>	
Westpac BSB: 032 727 Account No: 130 646 Account Name: AIFLAM A remittance advice showing EFT payment details <b>must</b> accompany this form	
<b>2. Credit Card</b>	
Select Card Type:	<input type="checkbox"/> Amex  <input type="checkbox"/> Visa  <input type="checkbox"/> MasterCard 
Name on Card: _____	
Card Number : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Authorized Amount: \$ _____	
_____	_____
<b>Card Holder's Signature</b>	<b>Date</b>
<b>3. Cheque</b> - Please make your cheque payable to AIFLAM.	

PLEASE RETURN TO: AIFLAM, PO Box 5044, Alexandra Hills Q. 4161 ABN: 009 586 654  
T: 61 7 3117 0849 F: 61 7 3117 0980 E: [membership@aiflam.org.au](mailto:membership@aiflam.org.au)