Application for
Membership and/or
Nationally Accredited Mediator

Complete Part A if you wish to become a member of the Australian Institute of Family Law Arbitrators and Mediators

Complete Part B 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 organization; and
- Successfully completed a skills assessment as assessed by the AIFLAM Accreditation Committee or another organisation; and
- Successfully completed the reflective component as assessed by the AIFLAM Accreditation Committee or another organisation.

Alternatively application for Accreditation can be completed under:

Complete Part C if you are applying to the Accreditation Committee to be qualified as an experienced practitioner as set out in Section 5(3) of the Approval Standards.

Complete Part D if you are applying to the Accreditation Committee as a practitioner who is seeking to offer advice through the use of a “blended process”.

Complete Part E if you are applying for reaccreditation.

Undertaking and declaration – ALL APPLICANTS TO COMPLETE

Fees and Payment Options – ALL APPLICANTS TO COMPLETE

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 Accreditation Committee and they will be notified by mail if their application is successful.
Member Details

Name:
Occupation:
Firm:
Address:
Postcode

Email:
Website:
Telephone
Mobile
Fax

Admission
Year of Admission
Place of Admission

Part A) Membership Application

Nationally Accredited Mediator

☐ I wish to be listed on the AIFLAM website as a Nationally Accredited Mediator

I have completed my Mediation Training and have accreditation with a Recognised Mediation Accreditation Body (RMAB) registered with the Mediator Standards Board.

Name of the RMAB:
Accreditation Valid:
From
To

☐ Proof of my registration is attached.

Nationally Accredited Arbitrator

☐ I wish to be listed on the AIFLAM website as a Nationally Accredited Arbitrator. Under the Regulations I declare I am:-

a) A Legal Practitioner who is either accredited as a Family Law Specialist recognized as such by the relevant State Law Society or Association or who has practised as a Legal Practitioner for at least 5 years with at least 25% of work done in that time in relation to Family Law;

b) has completed specialist arbitration training conducted by a tertiary institution or professional association of Arbitrators; and

c) is included in a Law Council of Australia list of Practitioners approved by the Council which is the list now maintained by AIFLAM.

Signed Declaration of Arbitrator
Part B) Accredited Mediator Application - Education & Training Course

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

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<tr>
<th>Year of completion</th>
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i) I have completed the AIFLAM mediation training course
   I have successfully completed the AIFLAM accreditation assessment

**OR**

ii) I have completed the mediation training and accreditation with another RMAB or mediation-training organisation:

   **Please provide details of the training RMAB or organisation:**

   ................................................................................................................

   **Please provide details of the accrediting RMAB or organisation:**

   ................................................................................................................

I attach copies of the certificates of completion of the training and accreditation assessment with the non-AIFLAM organisation.

Part C) Accredited Mediator Application - Experience qualified in mediation

I wish to apply as a qualified experienced practitioner and believe I meet the approval requirements set out in Section 5(3) of the Approval Standards.

**Complete i) or ii) as evidence of your experience as qualified practitioners:**

<table>
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<th>Name of Community</th>
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i) I am a resident in a linguistically and culturally diverse community for which specialised skill and knowledge are needed and/or from a rural/or remote community where there is difficulty in attending a mediation course or attaining tertiary or similar qualifications.

**OR**

ii) I have worked as a mediator prior to 1 Jan 2008 and have experience, training, and education. I am equipped with the skills, knowledge and understandings set out in the core competencies referred to in the Practice Standards, and have met the continuing accreditation requirements set out in Section 6 of the Approval Standards.

**Experience** (please provide details of your experience including years of practice and experience particularly in family law mediation and hours of mediation conducted)


**Qualification and areas of specialisation** (please provide details of educational qualifications and mediation training as well as any areas of specialisation)


Part D) Accredited Mediator Application - “Blended Process”

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 Approval Standards 5(4). Applicants who seek to offer specialised advice through the use of a ‘blended’ process must also provide evidence to the Law Society of South Australia 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

If yes, please complete the following boxes

- I confirm my membership or registration within the professional area in which I give advice.
- 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

In what area(s) do you give advice?

Name of membership or registering body:

Membership/registration number:

Current to (date):

Name of qualification:

Name of institution:

Year of graduation:

I confirm that I have a minimum of 5 years’ experience in the field in which I provide advice

Name (printed):

Signed:  Dated:
Part E) 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 completed 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)

I estimate that I have conducted the following total number of hours of mediation, co-mediation or conciliation over the two years since accreditation *(Optional)*

For 25 hours (or 10 hours) ONLY of mediation, co-mediation or conciliation practice, please provide details:

<table>
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<tr>
<th>Date</th>
<th>Broad area of mediation/conciliation, co-mediation or conciliation practice, please provide details:</th>
<th>No. of hours</th>
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Total number of hours:

Applicants are required to meet the continuing accreditation requirements of having completed 20 hours of CPD in the two year accreditation period [Approval Standards, section 6(1b)]. It is recommended that you keep a record of CPD activities as you may be requested to provide evidence of participation. A CPD record sheet is attached to this form for that purpose.

I certify that I have completed 20 hours of CPD activities in the two year accreditation period.

Name (printed): 

Signed: 

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

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<tr>
<th>No.</th>
<th>Activity</th>
<th>Description</th>
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<tr>
<td>1.</td>
<td>CPD courses, educational programs, seminars or workshops on mediation or related skill areas (see competencies in the Practice Standards).</td>
<td>up to 20 hours</td>
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<tr>
<td>2.</td>
<td>External supervision or auditing</td>
<td>up to 15 hours</td>
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<tr>
<td>3.</td>
<td>Presentations at ADR seminars or workshops including 2 hours of preparation time for each hour delivered.</td>
<td>up to 16 hours</td>
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<td>4.</td>
<td>Representing clients in 4 mediations.</td>
<td>up to 8 hours</td>
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<tr>
<td>5.</td>
<td>Coaching, instructing or mentoring of trainee and/or less experienced mediators.</td>
<td>up to 10 hours</td>
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<tr>
<td>6.</td>
<td>Role playing for trainee mediators and candidates for mediation assessment or observing mediations</td>
<td>up to 8 hours</td>
</tr>
<tr>
<td>7.</td>
<td>Mentoring less experienced mediators and enabling observational opportunities.</td>
<td>up to 10 hours</td>
</tr>
</tbody>
</table>

Total number of hours
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, the Recognised Mediation Accreditation Body (RMAB) requires a mediator to provide the following:

a) evidence of good character; and
b) an undertaking to comply with ongoing practice standards and compliance with any legislative and approval requirements; and
c) evidence of relevant insurance, statutory indemnity or employee status; and
d) evidence of membership or a relationship with an appropriate association or organisation that has appropriate and relevant ethical requirements, complaints and disciplinary processes as well as ongoing professional support; and
e) evidence of mediator competence by reference to education, training and experience.

Reference from a professional colleague

Reference 1

I have known .......................................................... (applicant) for more than five 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:  
Name: (printed)  
Capacity in which I know the applicant:  
Phone:  
Date:  

Reference 2

I have known .......................................................... (applicant) for more than five 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:  
Name: (printed)  
Capacity in which I know the applicant:  
Phone:  
Date:  

ALL TO COMPLETE

Insurance

☐ I have professional indemnity insurance.

Insurance with:  
Policy Number:  

☐ I attach a copy of the current insurance certificate
ALL TO COMPLETE

Undertaking and declaration

- I do not have any criminal conviction that would adversely affect my ability as a mediator in a competent, honest and appropriate manner
- I hold or am eligible to hold a current practice certificate to practice law issued by the relevant Body
- I have read the NMAS, which includes the Australian National Mediator Practice Standards and Approval Standards.
- I undertake to comply with any relevant legislation and the Australian National Mediator Practice and Approval Standards

Acknowledgement and declaration

I certify that the content I provide in this application is true and correct to the best of my knowledge.

Signed: ___________________________ Date: ___________________________

Name: (printed) ___________________________

Fees and Payment Details

Please disregard this section if you have just completed /are about to complete an AIFLAM training course. The MSB registration fee was included in your program registration payment.

☐ AIFLAM Membership – until June 2018 $125.00
☐ I am already an AIFLAM Member and I wish to apply for National Mediator Accreditation. $100.00
☐ I would like to become an AIFLAM Member and apply for National Mediator Accreditation. $225.00

PAYMENT OPTIONS

1. EFT Payment
   - Account Name: AIFLAM
   - BSB: 032 727
   - Account No: 130 646

   A remittance advice showing EFT payment details must accompany this form

2. Credit Card
   - Card Type: [ ] Amex  [ ] Visa  [ ] MasterCard
   - Name on card: __________________________
   - Card Number: __________________________
   - Expiry Date: ______/____  Authorised Amount: $_____________
   - Signature: ____________________________ Date: __________________________

3. Cheque
   - Please make your cheque payable to AIFLAM.

   Please return to: AIFLAM Accreditation Committee
   - PO Box 5044, Alexandra Hills QLD 4161
   - Or email to: mail@aiflam.org.au