

**NATIONAL MEDIATOR ACCREDITATION SYSTEM  
RE-ACCREDITATION APPLICATION**

*pursuant to the Australian National Mediator Standards Approval Standards  
under the National Mediator Accreditation System*

**PERSONAL DETAILS**

**NAME**

**PHONE**

**Business:**

**Mobile:**

**FAX**

**EMAIL**

**DATE OF APPROVAL OF  
NATIONAL ACCREDITATION**

**APPROVAL REQUIREMENTS - SECTION 3 OF THE APPROVAL STANDARDS**

**Evidence of Good Character**

Do you have personal qualities and appropriate life, social and work experience to conduct the process of mediation independently and professionally? Personal references templates are attached to this form for your two referees to sign. Referees must be people who have known you for more than three years.	<b>YES/ NO</b>
Do you meet the requirements of a police check in the State or States and Territories in which you wish to practice?	<b>YES/ NO</b>
Are you without serious conviction or impairment that could influence your capacity to discharge your obligations in a competent, honest and appropriate manner? <b>Please sign the attached declaration.</b>	<b>YES/ NO</b>
Do you come into the category of a “prohibited person” (or its equivalent) as defined in the particular jurisdiction/s in which you practice? <b>Please sign the attached declaration.</b>	<b>YES/ NO</b>
Have you ever been disqualified from practising by a professional body? <b>Please sign the attached declaration.</b> (if yes please give details) <b>Details:</b> ..... .....	<b>YES/ NO</b>



If the answer to the previous question is NO, have you conducted at least 10 hours of mediation, co-mediation or conciliation in the last two years?	<b>YES/ NO</b> <b>YES/ NO</b>
Where you have conducted at least 10 hours, but less than 25 hours – what is the reason for not undertaking at least 25 hours? <sup>2</sup> <b>Details:</b> ..... ..... ..... .....	<b>LACK OF WORK</b> <b>FAMILY BREAK</b> <b>STUDY BREAK</b> <b>ILLNESS</b> <b>OTHER</b> (please specify)
Have you completed at least 20 hours of continuing professional development in the last two years? <sup>3</sup>	<b>YES/ NO</b>

Ongoing accreditation as a mediator requires the mediator to meet the practice standards and competencies described in the Practice Standards. IAMA has discretion to remove or suspend a mediator in circumstances where it believes, on the balance of probabilities, that there has been non-compliance with the Practice Standards, other relevant ethical guidelines or professional requirements, or the Approval Standards.

I certify that the contents of this Application are true and correct to the best of my knowledge and I acknowledge that IAMA has the discretion to remove or suspend me as a mediator in circumstances where it believes on the balance of probabilities that the information above is not true and correct.

**SIGNATURE:** ..... **DATE:** ...../...../.....

## NATIONAL MEDIATOR ACCREDITATION SCHEME RE-ACCREDITATION APPLICATION

### GUIDE TO APPLICATION

1. Approval Standards and Practice Standards are available on the IAMA website [www.iama.org.au](http://www.iama.org.au).
2. Where a mediator has not conducted 25 hours of mediation, co-mediation or conciliation, for reasons such as lack of work opportunities, where a mediator is unable to provide evidence for these reasons such as; a lack of work opportunities (in respect of newly qualified mediators); a focus on work undertaken as a dispute manager, facilitator, conflict coach or related area; a family, career or study break; or illness or injury, IAMA may require the mediator to have completed no less than 10 hours of mediation, co-mediation or conciliation work per two-year cycle and may require that the mediator attend “top up” training or reassessment.
3. Continuing Professional Development can be made up as follows:
  - a. at least 20 hours of continuing professional development in every two-year cycle that can be made up as follows:
    - i. attendance at continuing professional development courses, educational programs, seminars or workshops on mediation or related skill areas as referred to in the competencies (see the Practice Standards) (up to 20 hours);
    - ii. external supervision or auditing of their clinical practice (up to 15 hours);
    - iii. presentations at mediation or ADR seminars or workshops including two hours of preparation time for each hour delivered (up to 16 hours);
    - iv. representing clients in four mediations (up to a maximum of 8 hours);
    - v. coaching, instructing or mentoring of trainee and/or less experienced mediators (up to 10 hours);
    - vi. role playing for trainee mediators and candidates for mediation assessment or observing mediations (up to 8 hours);
    - vii. mentoring of less experienced mediators and enabling observational opportunities (up to 10 hours).

THE  
INSTITUTE of  
ARBITRATORS & MEDIATORS  
—  —  
AUSTRALIA

**REFERENCE GOOD CHARACTER**

I have known \_\_\_\_\_ for more than 3 years and regard him/her to be of good character. I believe him to be honest and fair with reference to his work and social life.

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Please print**

**Capacity in which I know the applicant** \_\_\_\_\_

**REFERENCE GOOD CHARACTER**

I have known \_\_\_\_\_ for more than 3 years and regard him/her to be of good character. I believe him to be honest and fair with reference to his work and social life.

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Please print**

**Capacity in which I know the applicant** \_\_\_\_\_

THE  
INSTITUTE *of*  
ARBITRATORS & MEDIATORS  
— (M) —  
AUSTRALIA

**DECLARATION**

I declare that:

1. I am without serious conviction or impairment that could influence my capacity to discharge my obligations as a mediator in a competent, honest and appropriate manner;
2. to the best of my knowledge and belief I am not a 'prohibited person' (or its equivalent) as defined in a particular jurisdiction; and
3. I have not been disqualified to practice by another professional association relating to any other profession.

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Please print**