# **Department of Justice header graphic elementThe ADR Directorate is a Recognised Mediator Accreditation Body (RMAB) under the Mediator Standards Board (MSB); and accredits mediators under the National Mediator Accreditation System (NMAS).**

**National Mediator Accreditation System**

Application Form: Accreditation Renewal

**Alternative Dispute Resolution Directorate**

# The Australian National Mediator Accreditation Standards (NMAS) applies to any person who voluntarily seeks to be accredited under the National Mediator Accreditation System: to act as a mediator and assist two or more participants to manage, settle or resolve disputes or to form a future plan of action through a process of assisted settlement. Practitioners who act in these roles are referred to under the NMAS as mediators.

**Information for completing your application:**

1. Applications should be submitted to the ADRD at least 6 weeks prior to the expiry of your current NMAS accreditation.
2. Please complete application by typing your responses into the specified fields. Handwritten applications will not be accepted unless agreed via prior approval with the ADRD.
3. Please complete all fields to ensure your re-accreditation application can be reviewed and approved in a timely manner. Incomplete applications will be returned to the applicant and may lead to a delay in re-instating your NMAS status.

Technical instructions for completing form:

* Text boxes: “      ” Place your cursor over the grey box and left click mouse…start typing
* Tick boxes: “ [ ] ” Double left click on box; in the dialogue box under ‘default value’ select ‘checked’ , then ‘ok’ this will then add a cross to the box. If you want to uncross the box follow the same process and select ‘no checked’
1. For further information about the NMAS or for assistance in completing this application:
* Email: adr-directorate@justice.nsw.gov.au
* Phone: 02 8688 7455

Part 1: Personal Details

|  |  |
| --- | --- |
| Name | (Full name as you would like it to appear on your certificate) |
| Address |  |
|  |
| Phone | M:       | W:       | Other:       |
| Email |  |

Part 2: Your mediation employment

|  |  |
| --- | --- |
| Employer/s Which organisations do you provide mediation services for? Please include any self-employment. |  |
|  |
|  |
|  |
|  |
|  |

Part 3: Previous Accreditation History

* 1. **If you have previously been accredited by a RMAB (including ADRD) please provide the following information.** Please list your most recent accreditation period first:

|  |  |  |  |
| --- | --- | --- | --- |
| *Type**(Initial or Re-Accreditation)* | *RMAB*  | *Accreditation Commenced* | *Accreditation End date* |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**3.2** Have you ever been refused mediator accreditation?

[ ]  No

[ ]  Yes – please provide details including dates

**3.3** Have you ever been suspended from holding your mediator accreditation under NMAS: Part II section 5?

[ ]  No

[ ]  Yes – please provide details including dates

**3.4** Have you ever been granted a leave of absence under NMAS: Part II section 4?

[ ]  No

[ ]  Yes – please provide details including dates

**3.5** Have you ever received a waiver on any part of your accreditation under NMAS: Part II section 7?

[ ]  No

[ ]  Yes – please provide details including dates

Part 4: Code of Conduct

For all mediators seeking re-accreditation with the ADRD:

**4.1** [ ]  I have read and understood the obligations under the [NSW Department of Justice Code of Conduct](https://www.justice.nsw.gov.au/Documents/About%20us/hr002-dj-code-of-ethics-and-conduct.pdf) and agree to comply with these requirements.

**4.2** [ ]  I have read and understood the obligations under the [National Mediator Accreditation Standards](https://msb.org.au/themes/msb/assets/documents/national-mediator-accreditation-system-2015.pdf) and agree to comply with these requirements.

**4.3** [ ]  I agree to comply with any applicable legislation, professional standards and other requirements that may be relevant to the [NMAS.](https://msb.org.au/themes/msb/assets/documents/national-mediator-accreditation-system-2015.pdf)

**4.4** [ ]  In all my mediation practice with clients I will implement to the highest standard, the requirements for providing best practice in mediation (and related services) as specified in the [NMAS.](https://msb.org.au/themes/msb/assets/documents/national-mediator-accreditation-system-2015.pdf)

**4.5** [ ]  I am a member or employee of an organisation with a relevant ethical code of conduct or standard and a complaints and disciplinary procedure that can address complaints against mediators.

Additionally for only CJC mediators seeking re-accreditation with the ADRD (please ensure you also complete 4.1 – 4.5)

**4.7** [ ]  I agree to abide by any relevant CJC legislation, guidelines, practice directions, policies and instruments.

**4.8** [ ]  I understand that if I do not maintain my NMAS either with the CJC or another RMAB, I will be ineligible to remain on the CJC Panel of Mediators.

Part 5: Evidence of Mediation Practice

***NMAS Reference:*** *Approval Standards s3.2:*

*A mediator must have conducted at least 25 hours of mediation, co-mediation or conciliation within a two-year cycle.*

Please provide evidence of mediations you have conducted in the preceding 2 years.

* You do not need to include any mediation hours in excess of the 25 hours; however CJC would still be interested in your experience if included.
* Do not include time spent debriefing after the mediation. You can include this in your CPD hours under ‘Reflecting on Practice’.

**5.1 Have you completed 25 hours of mediation?**

[ ]  Yes – provide detail of all practice hours in the Table 1

[ ]  No – provide details of all practice hours completed in Table 1, and then go to part 6 of this form.

|  |  |
| --- | --- |
| **Table 1: Practice Hours** |  |
| Date | Model(eg. mediation, conciliation) | Solo or co-mediation | Dispute Type(e.g. workplace, neighbours, family, business) | Hours *(Do not include debriefing time)* | ***Office Use Only****(CJC Audit includes session time and brief time)* |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| **TOTAL HOURS** |  |  |

Part 6: Less than 25 hours of mediation practice

**Only** complete this section if you answered NO to question 5.1

***NMAS Reference*** *Approval Standards s3.3:*

*A mediator who has not met the requirement in Section 3.2 due to lack of work opportunities, health or career circumstances or residence in non-urban or CALD communities, must have conducted at least 10 hours of mediation, co-mediation or conciliation and must attend such supplementary training, coaching and/or assessment as the RMAB considers necessary, in addition to the CPD required in Section 3.5 below, to address the shortfall.*

**6.1** **[ ]  I confirm I have completed at least 10 hours (but fewer than 25 hours) of mediation, co-mediation or conciliation in the past two years.**

**6.2 The reason I have conducted at least 10 hours but fewer than 25 hours are:** (tick all boxes that apply)

 [ ]  Lack of work opportunities

 [ ]  Health circumstances

 [ ]  Career circumstances (e.g. working in a related area)

 [ ]  I reside in a non-urban area

 [ ]  I reside in a culturally and linguistically diverse (CALD) community.

Please note the ADRD may need to follow-up with you to obtain more detailed information.

**6.3 Have you previously sought renewal of my NMAS accreditation having completed less than 25 hours of mediation?**

[ ]  No

[ ]  Yes – please provide details including dates.

**6.4 Please list any supplementary training, coaching and/or assessment you could undertake which would address the shortfall in your practice hours.**

Please note:

* The supplementary training, coaching and/or assessment would need to be completed no later than 6 weeks after your current accreditation date ends. For example, if your current accreditation expires on 1/1/20xx, you would need to have completed any additional CPD no later than 12/2/20xx.
* ADRD/CJC is not required to provide any of these opportunities and it is up to the mediator to organise and/or fund these activities themselves.)
* These activities cannot be counted towards your next biennial accreditation CPD or practice hours

|  |  |  |  |
| --- | --- | --- | --- |
| Type of activity | Provider | Estimated hours | Any other comments |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Part 7: Evidence of Continual Professional Development (CPD)

***NMAS Reference:*** *Approval Standards Section 3.5*

*A mediator must undertake CPD of at least* ***25 hours*** *that contributes to the knowledge, skills and ethical principles contained in the Approval Standards.*

Please provide evidence of CPD activities undertaken in the preceding 2 years. In the column below marked with \*\*, you will need to specifically link your CPD activity with Practice Standard section 10.1 (a) Knowledge, (b) Skills and (c) Ethical Principles. For example specify *10.1(a)(ix)* or *10.1(b)(vi*) etc…

| **NMAS category** | **Name of CPD event/activity** | **Name of CPD provider/organisation** | **Date of CPD activity** | **NMAS Practice Standards s10 compliance\*\*** | **Actual Hours** | **Maximum Allowable****Hours** | Office use only |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3.5 (a)****Participating in Education**Max. 20hrs (or max 15 hrs if conference) |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
| Subtotal hours for 3.5(a) |  | 20:00 |  |
| **3.5 (b)****Reflecting on Practice**Max. 15 hours |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
| Subtotal hours for 3.5(b) |  | 15:00 |  |
| **3.5 (c)****Providing Professional Development**Max. 15 hours |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
| Subtotal hours for 3.5(c) |  | 15:00 |  |
| **3.5 (d)****Credit for Related CPD**Max. 10 hours |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
| Subtotal hours for 3.5(g) |  | 10:00 |  |
| **3.5 (e)****Learning from Practice**Max. 8 hours |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
| Subtotal hours for 3.5(e) |  | 8:00 |  |
| **3.5 (f)****Self-directed learning**Max. 5 hours |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
| Subtotal hours for 3.5(f) |  | 5:00 |  |
| **3.5 (g)****Other**Max. 5 hours |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
| Subtotal hours for 3.5(g) |  | 5:00 |       |
| **TOTAL CPD HOURS** |  |  |  |

Part 8: Less than 25 hours of Continual Professional Development (CPD)

**Only** complete this section if you have not met requirements in Part 7

**8.1 [ ]  I confirm I have not completed 25 hours of CPD in the preceding 2 years.**

**8.2 The reason why I was unable to complete 25 hours of CPD was because (tick all boxes that apply):**

 [ ]  Health circumstances

 [ ]  Career circumstances

 [ ]  I reside in a non-urban area

 [ ]  I reside in a culturally and linguistically diverse (CALD) community.

**8.3** **Please list any supplementary CPD you will undertake to address the shortfall in your CPD hours.**

The additional CPD would need to be completed no later than 6 weeks after your current accreditation date ends. For example, if your current accreditation expires on 1/1/20xx, you would need to have completed any additional CPD no later than 12/2/20xx.

| NMAS category 3.5(a) – (g) | Name of CPD event/activity | Name of CPD provider/organisation | Proposed date of CPD activity | NMAS Practice Standards s10 compliance\*\* | Hours |
| --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

Section 9: Insurance

***NMAS Reference:*** *Approval Standards, section 2(j)*

*Requires a mediator to be covered by relevant professional indemnity insurance or have statutory immunity.*

* CJC mediators are covered by the Department of Justice Professional Indemnity Insurance whilst carrying out their mediator duties for **CJC only**.
* If a CJC mediator is conducting mediation services for another provider, these services will **not** be covered by CJCs Professional Indemnity Insurance.

**9.1** [ ]  Under this accreditation, I will only be conducting mediations on behalf of CJC (if you ticked this box move onto Part 10 of this form)

 **OR**

**9.2** [ ]  Under this accreditation, I will only be conducting mediations on behalf of CJC and/or other organisations that also provide insurance/statutory indemnity. (If you ticked this box answer question 9.3, if not ticked go to 9.4)

**9.3** [ ]  I have attached letter or letters relating to the employment status of these other organisations that confirming they provide insurance indemnity/statutory indemnity.

 **OR**

**9.4** [ ]  Under this accreditation, I will only be conducting mediations on behalf of the CJC and also carry my own Professional Indemnity Insurance (If you ticked this box answer question 9.5)

**9.5** [ ]  I have **attached** a Certificate of Currency of my Professional Indemnity Insurance which includes the insurer, policy number, amount insured and expiry date.

Part 10: Blended Process

**Only** complete this section if you do not mediate for CJC but seeking NMAS with ADRD

**AND** you intend to use a blended process

***NMAS Reference:*** *Practice Standards, section 10.2*

*Where a mediator uses a blended process, such as advisory or evaluative mediation or conciliation, which involves the provision of advice.*

I agree when using a blended process to:

**10.1** [ ]  Obtain consent from participants to use the blended process;

**10.2** [ ]  Ensure that within the professional area in which I give advice, I have current knowledge and experience

**10.3** [ ]  Ensure that within the professional area in which I give advice, I will hold professional registration membership, statutory employment or their equivalent, and

**10.4** [ ]  Ensure that within the professional area in which I give advice, I am covered by current professional indemnity insurance or have statutory immunity and

**10.5** [ ]  I will provide advice in a manner that maintains and respects the principle of self-determination.

Part 11: Declaration of Good Character and Ongoing Compliance

**11.1** [ ]  I confirm I am of good character and possess appropriate personal qualities and experience to conduct a mediation process independently, competently and professionally.

**11.2** [ ]  I declare that 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 professional manner.

**11.3** [ ]  I declare that to the best of my knowledge and belief I am not a ‘prohibited person’ (or its equivalent) as defined in NSW or any other Australian jurisdiction.

**11.4** [ ]  I declare that I have not been disqualified to practice by another professional association.

**11.5** [ ]  I consent to ADR Directorate making such enquiries as they see fit to determine my eligibility and suitability for accreditation.

**11.6** [ ]  I agree to comply with the Australian National Mediator Approval and Practice Standards, with any relevant legislation, professional standards and other requirements that may be relevant to them.

Part 12: MSB Registration Fee - $145.00 (inc gst)

The NMAS requires all RMABs, such as the ADRD, to pay fees to the Mediator Standards Board:

* For an annual subscription as an RMAB, and
* For each mediator the ADRD accredits ($90 for each mediator)
* Your NMAS application will not be processed unless CJC is in receipt of the fee.

Payment options:

[ ]  I have made an EFT transfer or Direct Deposit into Department of Communities and Justice Operating Account, **BSB: 032-001 Account: 201716** on       /       /

**Nb:** For identification purposes please ensure you enter your details in the transaction information in order for CJC to identify your payment (eg *G.Brown CJC*) – EFT or Direct Deposits, remittance advices must be emailed with the application form **OR**

**[ ]** Payment will be covered by way of inter-departmental journal (only NSW Land & Environment members) **OR**

[ ]  I have sent a cheque for $145.00 to ADR Directorate & Community Justice Centres, Locked Bag 5111, Parramatta NSW 2124

Part 13: Consent and confirmation

**13.1** [ ]  I agree that ADR Directorate, as an RMAB, can disclose information about me to the Mediator Standards Board (MSB) and the MSB can release that information to other RMABs upon request.

**13.2** [ ]  I agree to notify the ADR Directorate in writing of any changes to my circumstances that may reasonably affect my accreditation in this accreditation period.t

**13.3** [ ]  I agree to update to provide the ADR Directorate with new contact details (postal address, telephone numbers and email address) within 14 days should any of these change.

**13.4** [ ]  I agree to inform CJC of any changes to my availability including any extended leave of absence.

**13.5** [ ]  I certify the information I have included in this application is true and correct to the best of my knowledge.

**13.6** [ ]  I will take responsibility for maintaining my own records and evidence for seeking re-accreditation in two years; and that the ADRD (nor CJC) is not obliged to keep records of any mediations or professional development I undertake to meet re-accreditation requirements.

**13.7** [ ]  I agree that by submitting this application via email to adr-directorate@justice.nsw.gov.au that I am confirming the details I have completed as part of this application are true and correct.

Part 14: Office use only

|  |  |  |  |
| --- | --- | --- | --- |
| **Part** | **Requirement**  | **Fulfilled** | **Comments** |
| 1 | Personal Details |       |       |
| 2 | Your mediation employment |       |       |
| 3 | Previous accreditation history |       |       |
| 4 | Code of conduct |       |       |
| 5 | Evidence of mediation practice |       |       |
| 6 | Less than 25 hours mediation practice |       |       |
| 7 | Evidence of CPD |       |       |
| 8 | Less than 25hours CPD |       |       |
| 9 | Insurance  |       |       |
| 10 | Blended process |       |       |
| 11 | Good character and compliance |       |       |
| 12 | Registration Fees |       |       |
| 13 | Consent and confirmation |       |       |
| General comments:       |
| Application approved | Date:       | By:       |
| Outcome advised to applicant | Date:       | By:       |
| NMAS Certificate issued | NMAS start/end:       |
| MSB Register updated | Date:       |
| CJC Mediator database updated | Date:       |