

# Application for National Mediation Accreditation

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## MEDIATOR ACCREDITATION

Steps towards accreditation as a Nationally Accredited Mediator:

1. Complete the UWA Mediation Accreditation Training Course, or a comparable course, of 38 hours duration, and:
  - a. Successfully complete the Skills Assessment, assessed by the Accreditation Committee; and
  - b. Successfully complete the Reflective Component, assessed by the Accreditation Committee.
2. Complete the Application for Accreditation form (below), which requires you to:
  - a. Provide evidence of Mediation Accreditation Training Course and Assessment completion;
  - b. Provide evidence of good character;
  - c. Undertake to comply with ongoing Practice Standards and compliance with any legislative and approval requirements;
  - d. Provide evidence of insurance:
    - i. For UWA staff, employee status is sufficient;
    - ii. For others, evidence of indemnity insurance with a relevant body (eg. Law Society etc).

### Note:

To receive registration as a Nationally Accredited Mediator for two years, there is a cost of \$150, which consists of the Mediator Standards Board (MSB) fee, GST, and administration costs for UWA.

**PLEASE FILL OUT THE FORM BELOW BY TYPING INTO THE RELEVANT FIELDS, THEN PRINT AND SIGN.**

**PLEASE SCAN AND EMAIL THE COMPLETED DOCUMENT TO: [mediation-clinic@uwa.edu.au](mailto:mediation-clinic@uwa.edu.au)**

# Application for Accreditation

## Part 1: Personal Details

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Name:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
Phone:	<input type="text"/>
Email:	<input type="text"/>
Occupation:	<input type="text"/>
Employer:	<input type="text"/>

## Part 2: Threshold Training and Accreditation

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

i) I have completed the UWA Mediation Accreditation Training Course, and I have successfully completed the UWA Accreditation Assessment.	<i>Year of completion</i> <input type="text"/>
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**OR**

ii) I have completed mediation training and Accreditation with another RMAB or mediation-training organisation: <i>Please provide details of the <b>training</b> RMAB or organisation:</i> .....	<i>Year of completion</i> <input type="text"/>
<i>Please provide details of the <b>accrediting</b> RMAB or organisation:</i> .....	<input type="text"/>

I have attached copies of the certificates of completion of training and Accreditation assessments from the non-UWA organisation(s).	<input type="text"/>
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## 2 Approval requirements for accreditation

2.1 An applicant must be of good character and possess appropriate personal qualities and experience to conduct a mediation process independently, competently and professionally. An applicant must:

- a) Provide written references from two members of their community who have known them for more than three years to the effect that they are of good character, or demonstrate that they already satisfy this requirement under another system;
- b) Disclose if they have been disqualified from any type of professional practice;
- c) Disclose any criminal conviction;
- d) Disclose any impairment that could influence their capacity to discharge their obligations in a competent, honest and professional manner;
- e) Disclose if they have ever been refused NMAS accreditation or accreditation renewal or had their accreditation suspended or cancelled;
- f) Comply with the Approval Standards and Practice Standards, with any relevant legislation, professional standards and any other requirements that may be relevant to them;
- g) Pay the MSB registration fee in accordance with their RMAB's practices;
- h) Become and remain a member of an RMAB or a member or employee of an organisation with a relevant ethical code or standard and a complaints and disciplinary procedure that can address complaints against mediators;
- i) Acknowledge that an RMAB can disclose information about them to the MSB and the MSB can release it to other RMABs upon request; and
- j) Be covered by relevant professional indemnity insurance or have statutory immunity.

### a. Good character

References from two members of your professional community.

#### Reference 1

I have known ..... (*applicant*) for more than three 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:	<input type="text"/>	Date:	<input type="text"/>
Name: (printed)	<input type="text"/>	Phone:	<input type="text"/>
Capacity in which I know the applicant:	<input type="text"/>		

#### Reference 2

I have known ..... (*applicant*) for more than three 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:	<input type="text"/>	Date:	<input type="text"/>
Name: (printed)	<input type="text"/>	Phone:	<input type="text"/>
Capacity in which I know the applicant:	<input type="text"/>		

## My declaration

Please cross

I declare 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.

I declare that to the best of my knowledge and belief I am not a 'prohibited person' (or its equivalent) as defined in a particular jurisdiction.

I declare I have not been disqualified to practice by another professional association relating to any other profession (for example, a Law Society or a Medical Association).

## b. Compliance

Please cross

I confirm that I have read the *Australian National Mediator Practice and Approval Standards* available at: <https://msb.org.au/themes/msb/assets/documents/national-mediator-accreditation-system-2015.pdf>

I undertake to comply with any relevant legislation, the *Australian National Mediator Practice and Approval Standards* and any other approval requirements that may relate to particular schemes.

## c. Insurance

**Complete either i) or ii)**

*Cross and complete appropriate boxes*

i)

I confirm that I have employee status with UWA, or another workplace, and will only be mediating matters covered by their indemnity insurance.

**OR**

ii)

I confirm that I have private professional indemnity insurance:

Name of insurance company:

Policy number:

Expiry date of policy:

**Part 4: Acknowledgement and Declaration**

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

Signed:

Date:

Name:  
(printed)

**Part 5: Payment**

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Once your application has been approved, you will be sent the payment details via email.