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

**National Mediator Accreditation System**

Application Form: Initial Accreditation

**Alternative Dispute Resolution Directorate**

# The NMAS applies to any person who voluntarily seeks to be accredited under the NMAS: 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. Only Department of Justice mediators (including CJC mediators) are eligible for accreditation through the ADRD.  The ADRD does not accredit external mediators.
2. Complete all fields to ensure your accreditation application can be reviewed and approved in a timely manner.
3. Type responses into the specified fields; handwritten applications will not be accepted without prior approval from the ADRD.
4. Application forms are to be submitted in the original Word format only and not in PDF
5. For further information about the NMAS or for assistance in completing this application:
	* Email: adr-directorate@justice.nsw.gov.au
	* Phone: 02 8688 7455

**Technical instructions for completing form:**

* Text boxes: “     ” Place your cursor over the grey box and start typing
* Tick boxes: “[ ] ” click on box and this will then add a cross to the box. If you want to uncross the box click on the box field again.

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: Identify your initial accreditation pathway

All mediators must meet certain threshold requirements under the NMAS: Part II Approval Standards to be eligible for initial accreditation. The NMAS offers several pathways to obtain initial accreditation.

I am applying for initial accreditation through the following pathway

[ ]  NMAS 2.2, 2.3 and 2.4 Training and assessment Go to Part 3 of this application

[ ]  NMAS 2.5 (a) Comparable training and assessment Go to Part 4 of this application

[ ]  NMAS 2.5 (b) Experience, education and assessment Go to Part 5 of this application

Part 3: Training and Assessment (NMAS 2.2, 2.3, 2.4)

**3.1 Training Programme**

[ ]  I have completed a nationally accredited mediation training course conducted by an organisation registered as an RMAB with the Australian Mediator Standards Board which complies with NMAS 2.2 and 2.3 <https://msb.org.au/msb-member-list>.

I confirm the course met the following requirements:

* Minimum of 38 hours
* Completed within 24 months
* Two trainers with the principal trainer having more than 3 years experienced both as an NMAS mediator and trainer
* Coaches who are NMAS and with more than 2 years’ experience and/or 50 hours of mediation
* How many role plays did you participate in as a:
* Mediator:
* Role player:
* How many ‘coached’ role plays did you undertake in the role of ‘mediator’?
* How many pieces of written feedback did you receive from coaches?
* The course included the knowledge, skills and ethical principles articulated in the *Practice Standards*

**3.2** [ ]  I have attached a copy of the mediation training Certificate of Completion(which includes training provider and year of completion)

**3.3** **Skills Assessment**

In addition to threshold Training and Education, a mediator must have met the assessment requirements set out in Section 2.4.

[ ]  I have been assessed as competent in a final skills assessment, which has met the following criteria under 2.4:

* I performed the role of a solo mediator in a simulation of at least 1.5 hours duration;
* The assessor viewed me in real time (or a recording at a later time), and I was provided with no coaching during the simulation by the assessor;
* The assessor was NMAS accredited with at least 3 years’ mediation experience;
* There was no conflict of interest between myself and the assessor;
* The assessor was not a course trainer;
* The assessment criteria reflected the knowledge, skills and ethical principles articulated in the Practice Standards;
* I was supplied the assessment form prior to undertaking the assessment;
* I was provided written feedback by the assessor using the assessment form which articulated my performance (strengths, weaknesses and recommendations) and assessment outcome.

**3.4** [ ]  I have **attached** a copy of my *Certificate of Competency* (or equivalent)

**3.5**  [ ]  I have **attached** a copy of my *Final written skills assessment feedback form*

**Go to Part 6 to complete your application**

Part 4: Comparable training and assessment (NMAS 2.5a)

**4.1**  [ ]  I have completed mediation training which is at least comparable to the training course described in NMAS

|  |  |
| --- | --- |
| Name of course |       |
| Name of course provider |       |
| Year of completion |       |

Please complete the following questions to the best of your knowledge to assist with the ADRDs assessment of comparable training.

|  |  |
| --- | --- |
| How many hours was the course? |       |
| Over what period of time was the course run (e.g. over a week / semester etc)? |       |
| How many instructors delivered the course content? |       |
| Were these instructors practising mediators with three years mediation experience? |       |
| Did these instructors have three years’ experience in adult education? |       |
| Did the course provide a ratio of one instructor or nationally accredited coach to three course participants in the final coached simulation in the training? |       |
| How many role-plays did you participate in? |       |
| In how many role-plays did you play the role of the mediator? |       |
| Did different coaches provide you with written feedback for two simulated mediations when you played the role of mediator? |       |
| Did you participate in any final competency assessment activities? Please describe |       |

**4.2**  [ ]  I have **attached** a copy of my *Certificate of Completion* (or equivalent)

**4.3**  [ ]  I have **attached** written feedback received from coached role plays during the course.

**4.4**  [ ]  I have **attached** a training program outline summarising the topics covered during the course.

**Go to Part 7 to complete your application**

Part 5: Experience, education and assessment (NMAS 2.5b)

This section allows for a mediator to apply for initial accreditation through a mix of practice and experience, education and training, and assessment

**5.1**  [ ]  I have conducted at least 100 hours of mediation in the last 2 years as listed below.

Please add additional pages if required.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Organisation(eg. CJC, Court, own company etc) | Model(eg. mediation, conciliation, blended) | Solo or Co-mediation | Dispute Type(e.g. workplace, neighbours, family, business) | Hours(**do not** include debriefing time) | *Office Use only* |
|       |       |       |       |       |       |       |
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| **TOTAL HOURS** |       |  |

**5.2**  [ ]  I have attached two **references** from people who can attest to my competence as a mediator.

 Referees should each complete the template in Attachment A.

**5.3**  [ ]  I have completed **mediator training** as follows:

|  |  |
| --- | --- |
| Name of course |       |
| Name of course provider |       |
| Year of completion |       |
| How many hours was the course? |       |
| How many role-plays did you participate in? |       |
| In how many role-plays did you play the role of the mediator? |       |
| Did you receive written feedback for the simulated mediations when you played the role of mediator? |       |
| Did you participate in any final competency assessment activities? Please describe the assessment and whether it met some or all of the requirements under NMAS s2.4. |       |

**5.4** I have **attached** a training program outline summarising the topics covered during the course.

[ ]  Yes [ ]  No

**5.5**  [ ]  I have undertaken **mediator education** in the last 2 years which meets NMAS s10.1 being required knowledge skills and ethical understandings

\*\***Please refer to NMAS s10.1** to ensure your training and education meets the required knowledge, skills and ethical understandings. In this column identify which specific criteria of NMAS 10.1 was covered by the activity (eg 10.1 (b)(v) and (vii)

| **NMAS category** | **Name of event/activity** | **Name of provider/organisation** | **Date of activity** | **\*\* NMAS s10.1 compliance** | **Hours** | ***Office use only*** |
| --- | --- | --- | --- | --- | --- | --- |
| **Participating in Education:** **F**ormal structured activities such as seminars, workshops and conferences |       |       |       |       |       |       |
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| Subtotal hours  |  |  |

**5.6**  [ ]  I have undertaken **mediator supervision** in the last 2 years.

| **NMAS category** | **Name of provider/organisation** | **Date of activity** | **Hours** | ***Office use only*** |
| --- | --- | --- | --- | --- |
| **Reflecting on Practice:** Receiving professional supervision or coaching or participating in structured peer-based reflection on mediation cases. |       |       |       |       |
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| Subtotal hours  |  |  |

**Go to Part 6 to complete your application**

Part 6: Declarations (NMAS 2.1)

**6.1** [ ]  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.

**6.2** [ ]  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.

**6.3** [ ]  I declare that I have not been disqualified to practice by another professional association relating to any other profession (for example, a Law Society, Medical Association, Therapeutic Association).

**6.4** [ ]  I declare that I have not been refused NMAS accreditation or accreditation renewal or had my accreditation suspended or cancelled.

**6.5** [ ]  I consent to the ADRD making such enquiries as they see fit to determine my eligibility and suitability for accreditation.

**6.6** [ ]  I agree to comply with the Australian National Mediator Standards and any rulings of the ADRD relating to accreditation.

**6.7** [ ]  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.

**6.8** [ ]  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.

**6.9** [ ]  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)

**6.10** [ ]  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)

**6.11** [ ]  I am a member or employee of an organisation with a complaints and disciplinary procedure that can address complaints against mediators.

Additionally, for only CJC mediators seeking initial accreditation with the ADRD:

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

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

Section 7: Insurance (NMAS 2.1j)

*Nb* 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.

**7.1**  [ ]  Under this accreditation, I will only be conducting mediations on behalf of CJC (if ticked this box move onto Part 8 of this form)

**OR**

**7.2** [ ]  Under this accreditation, I will only be conducting mediations on behalf of CJC and/or another organisation within Department of Communities and Justice, which carries Professional Indemnity insurance.

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

 **OR**

**7.4** **[ ]** 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 8.5)

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

Section 8: Referees ‘Evidence of Good Character’ (NMAS 2.1a)

The NMAS requires mediators who apply for initial accreditation to provide evidence of *‘good character’ who possess appropriate personal qualities and experience to conduct a mediation process independently, competently and professionally.*

To satisfy this requirement, the ADRD requires mediators to provide evidence that they are regarded as honest and fair, and that they are regarded as suited to practice mediation by reference to their life, social and work experience. This will be satisfied by obtaining two references from members of your community.

Referees should each complete template in ***Attachment B***

**8.1** **[ ]** I have **attached** two referee reports who can attest to my good character, qualities and experience.

Part 9: Consent and confirmation

**9.1** [ ]  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.

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

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

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

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

**9.6** [ ]  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.

**9.7** [ ]  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 10: 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 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 Deposit remittance advices need to 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/money order for $145.00 to:

ADR Directorate & Community Justice Centres

Locked Bag 5111

Parramatta NSW 2124

Part 11: Office use only

|  |  |  |  |
| --- | --- | --- | --- |
| **Part** | **Requirement**  | **Fulfilled** | **Comments** |
| 1 | Personal Details |       |       |
| 2 | Identify your initial accreditation pathway |       |       |
| 3 | Training and Assessment |       |       |
| 4 | Comparable training and assessment |       |       |
| 5 | Experience, education and assessment |       |       |
| 6 | Declaration |       |       |
| 7 | Insurance |       |       |
| 8 | Referees |       |       |
| 9 | Consent and Confirmation  |       |       |
| 10 | Registration Fees |       |       |
| Application approved | Date:       | By:       |
| Outcome advised to applicant | Date:       |       |
| NMAS Certificate issued | NMAS start/end:       |
| MSB Register updated | Date:       |
| CJC Mediator database updated | Date:       |

**ATTACHMENT A: ADRD Reference Form NMAS 2.5(b)(ii) ‘Experience, education, assessment’**

Reference for a mediator seeking initial accreditation under the National Mediator Accreditation System (NMAS)

|  |  |
| --- | --- |
| Applicants Name |        |

The Applicant named above has applied for accreditation as a mediator under the National Mediator Accreditation System under the category of *‘Experience, education and assessment’.*

Applicants are to provide references from **two people** who can attest to the mediator’s competence for mediations they have already conducted.

Your reference is to be based on your objective and direct knowledge of the Applicant’s competence.

**REFEREE TO COMPLETE**

|  |  |
| --- | --- |
| Name |        |
| Occupation |       |
| Relevant Qualifications |       (eg NMAS Acc, FDRP, BA Laws etc) |
| Phone | M:       | W:       | Other:       |
| Email |       |

* From your experience of the applicant, do you believe that they are competent to practice mediation as detailed under the NMAS [ ]  Yes [ ]  No
* In what professional capacity have you known the Applicant and how would you describe their competence as a mediator?

* Please feel free to make any further comments in relation to the Applicant’s competency as a mediator:

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

*The application cannot be processed until this reference is received. Please return the reference to the Applicant as soon as possible. Any questions, please contact the ADR Directorate Email:* adr-directorate@justice.nsw.gov.au or Phone: *02 8688 7455*

**ATTACHMENT B: ADRD Reference Form for NMAS 2.1(a) ‘Good Character’**

Reference for a mediator seeking initial accreditation under the National Mediator Accreditation System (NMAS)

|  |  |
| --- | --- |
| Applicants Name |        |

The Applicant named above has applied for accreditation as a mediator under the National Mediator Accreditation System. A mediator manages processes that are aimed at maximising the participants’ own decision-making.

Applicants are to provide references from **two people** who have known them for a minimum of three years who can attest that they are:

* of good character, who possess appropriate personal qualities and experience to conduct a mediation process independently, competently and professionally.
* regarded as honest and fair, and that they are regarded as suited to practice mediation by reference to their life, social and work experience.

Your reference is to be based on your objective and direct knowledge of the Applicant’s competence.

**REFEREE TO COMPLETE**

|  |  |
| --- | --- |
| Name |        |
| Occupation |       |
| Phone | M:       | W:       | Other:       |
| Email |       |

* I have known the applicant for more than 3 years [ ]  Yes [ ]  No
* In your opinion is the applicant
	+ of good character, who possess appropriate personal qualities and experience to conduct a mediation process independently, competently and professionally? [ ]  Yes [ ]  No
	+ honest and fair, and that they are regarded as suited to practice mediation by reference to their life, social and work experience? [ ]  Yes [ ]  No
* In what capacity do you know the Applicant?

* Please feel free to make any further comments in relation to the Applicant’s character:

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

*The application cannot be processed until this reference is received. Please return the reference to the Applicant as soon as possible. Any questions, please contact the ADR Directorate Email:* adr-directorate@justice.nsw.gov.au or Phone: *02 8688 7455*