# Mediation Institute Practitioner Membership Application

**Note: Use this form only if you are NOT applying for NMAS Accreditation through Mediation Institute.**

## Section 1: Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Last name** |  |
| **Date of Birth** |  |
| **Company Name (if relevant)**  |  |
| **Job title** |  |
| **Postal Address** |  |
| **Practice Location** |  |
| **Telephone** | ( )  |
| **Mobile** |  |
| **Email**  |  |

##  Meaning of Acronyms

**CPD:** Continuing professional development

**MSB:** Mediators Standards Board [www.msb.org.au](http://www.msb.org.au)

**NMAS**: National Mediator Accreditation System

**RMAB:** Recognised Mediator Accreditation Body

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| --- | --- | --- |
|  | **Membership Type**  | **Comments regarding attachments supplied** |
| [ ]  | **Associate Membership** - I am a currently studying a dispute resolution course. Enter name of training provider in Required information.  |  |
| [ ]  | **NMAS Mediator with other RMAB** - I am currently a NMAS Accredited mediator. Enter RMAB and renewal date in the required information.  |  |
| [ ]  | **FDR Practitioner Membership** - I am an accredited Family Dispute Resolution Practitioner. Enter your FDRP Registration number in the required information.  |  |
| [ ]  | **New FDR Practitioner Membership** - I am applying for accreditation as a Family Dispute Resolution Practitioner and not seeking NMAS Accreditation. Enter the name of your training provider in the required information.  |  |
|[ ]  **Family Group Conference Facilitator Membership –** I have completed training in FGC. Supply a copy of your Certificate of Completion  |  |
|[ ]  **Child Inclusive Practitioner Membership –** I have completed training in child inclusive practice and am competent to offer the service. Supply a copy of your Certificate of Completion.  |  |
|[ ]  **Certified Coach Membership –** I have completed training as a coach (can be generic coaching skills or a specialisation) Supply a copy of your Certificate of Completion. There is an experience qualified pathway 1st step supply your CV.  |  |
|[ ]  **Transformative Relationship Mediation Membership –** I have completed training in transformative mediation**.** Supply a Certificate of Completion  |  |
|[ ]  **Child Contact Supervisor Membership –** I have completed training in Child Contact Supervision. Supply a certificate of completion. There is an experienced qualified pathway 1st step is to supply your CV. |  |

## Member Benefits

1. External complain handling service approved by the Mediators Standards Board and Australian Attorney Generals Department.
2. Free and member rates Professional Development opportunities.
3. Access to shared learning and resources for mediators.
4. Listing on the Mediation Institute website directory

**This membership type does not include NMAS Accreditation through Mediation Institute. Use the alternative form to apply for NMAS Accreditation or NMAS Accreditation Renewal through Mediation Institute.** [**https://www.mediationinstitute.edu.au/join-mediation-institute/**](https://www.mediationinstitute.edu.au/join-mediation-institute/)

## Declaration

**FDR Practitioners only:** *By becoming a member of Mediation Institute and using our External Complaint Handling Service you authorise Mediation Institute to notify the Attorney Generals Department if a* ***substantiated*** *complaint is made against you which requires disciplinary action. We will undertake to advise you by the last known contact method before any notification to the Attorney Generals Department is made.*

**All practitioner members**

[ ]  I want a profile on the Mediation Institute website. Basic profiles include your name, mediation qualifications, phone and email (using a form) contact methods. You can provide a photograph and additional information at no cost to enhance your profile.

[ ]  All information provided is correct to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  |  | Date |
| Signature |  |

## Payment

Practitioner Membership for two years $220 Associate Membership for 1 year $55

If you want a common expiry date with your NMAS Accreditation we are happy to pro rata rate rounding up to the nearest dollar. Specific renewal date desired: if less than 2 years

|  |  |  |  |
| --- | --- | --- | --- |
| **Payment Amount** |  | Card Type | [ ]  Visa [ ]  Mastercard |
| **Name on Card** |  |
| **Card Number** |  |
| **Expiry Date** |  | CVV |  |
| **Notes** |  |