# 

# Mi Family Group Conference Facilitator Membership Application

# Individual Membership

## Member Benefits

1. Membership Certificate – Mi Family Group Conference Facilitator Member
2. Membership includes access to independent complaint handling service that can address complaints made against you in the role of Family Group Conference Facilitator if the complaint requires independent review.
3. Free and member rates Professional Development opportunities via webinar
4. Access to Mi Members only online learning community and groups.
5. Listing on the Mi directory of independent Family Group Conference facilitators if you offer services independently from an employer

# Corporate Applications

## Member Benefits

1. Your staff receive all the benefits of individual membership
2. If your staff change you can replace members. Just notify that a practitioner is no longer working with you and add a new replacement for them at no extra cost.
3. Listing on the Mi directory of Organisations who offer Family Group Conferencing
4. Receive a 10% discount for between 4 and 6 staff members
5. Receive a 20% discount for you require 7 or more memberships

# Membership Fees

|  |  |  |
| --- | --- | --- |
| **Number of Memberships Required** | **Per Membership Fee for two years** | **Total Fee** |
| 1 – 3 people | $220 per person |  |
| 4 to 6 people | $198 per person |  |
| 7 or more people | $176 per person |  |

Please duplicate pages 3 to 6 and provide to your staff members. They can complete them and return directly to Mediation Institute.

# Payment Information

|  |  |
| --- | --- |
| **Email address for invoice or receipt** |  |
| **Coordinator Name** |  |
| **Coordinator Email Address** |  |
| **Coordinator phone number** |  |
| **Payment Method** | Please send me an invoice  Payment details below for debit or credit card |

## Payment by card

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

## Member Names

Please provide the names of all applicants and contact details so we can follow up if they are slow to return their Personal Details Information. Their individual membership certificate will not be issued until pages 3 to 6 of this application are provided for each individual.

|  |  |  |
| --- | --- | --- |
| **Name** | **Email** | **Phone** |
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## Personal Details

This part of the application must be filled out by each applicant for membership even if joining under a corporate membership.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Title** |  |
| **Date of Birth** |  | | |
| **Organization  (if relevant)** |  | | |
| **Job title** |  | | |
| **Member Type** | individual  Corporate:  (provide name of the organisation) | | |
| **Please provide your preferred contact address and phone numbers.** | | | |
| **Postal Address** |  | | |
| **Telephone** | ( ) | | |
| **Mobile** |  | | |
| **Email** |  | | |

## Meaning of Acronyms

CPD: Continuing professional development

FGC: Family Group Conferencing

Mi: Mediation Institute

Requirements for Membership

I completed Level One and Two training in Family Group Conferencing with Mediation Institute.

I have competed a Family Group Conferencing course with another training provider.

I have attached a copy of my certificate of completion or equivalent

|  |  |
| --- | --- |
| **Course Provider** |  |
| **Certificate Date** |  |

I am currently enrolled in a Family Group Conferencing Course.

|  |  |
| --- | --- |
| **Course Provider** |  |
| **Enrolment Date** |  |

# Section 2: Approval for FGC Membership

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

To be approved for Membership you must:

1. Disclose if you have been disqualified from any type of professional practice.

I have not been disqualified from any type of professional practice

Details of the circumstances of my disqualification are attached

1. Disclose if you have any criminal convictions.

I do not have any criminal convictions

Details of the circumstances of my criminal convictions are attached

1. Disclose any impairment that could influence your capacity to discharge your obligations in a competent, honest and professional manner

I believe I have the capacity to facilitate FGC in a competent, honest and professional manner

Details of impairments attached

1. Disclose if you have ever been refused professional accreditation or accreditation renewal or had your accreditation suspended or cancelled.

I have never had a professional accreditation refused, suspended or cancelled.

Details of the circumstances of my NMAS accreditation refusal, suspension or cancellation attached. Please include the name of the RMAB that was involved.

1. Do you agree to comply with the any approval and practice standards required of FGC Facilitators in your jurisdiction including any relevant legislation, professional standards and any other requirements that may apply to your role as a Family Group Conference Facilitator?

Yes

No. Proceed no further you cannot become a Mediation Institute FCG Member without this undertaking.

# Insurance

You must have Professional Indemnity Insurance, statutory immunity or cover through your employer to provide FGC Facilitation services. We also recommend that you add public liability cover to your policy if you are working from outside venues.   
  
You must notify Mi if your employment ceases and update us with the name of your PI insurance

|  |  |  |
| --- | --- | --- |
| I have Professional Indemnity Insurance | *Name of insurer* | *Renewal date* |
| I have statutory immunity or cover through my employer | N*ame of organisation* | |

**Professional Indemnity Insurance:** Mi recommends All Solutions Insurance.

Their minimum cost policy for FGC Facilitators, Mediators and Family Dispute Resolution Pracititoners is $200 plus Taxes (between $225 - $245) Current 11.7.18

Contact Samantha Bridger, Director. [samantha@allsolutionsis.com.au](mailto:samantha@allsolutionsis.com.au) Phone 0437 712 753

*Insurances services are provided for the convenience of members. Mi receives no benefit or commissions.   
For Policy Wording, Coverage and Disclosure please refer to All Solutions Insurance*

## Renewal Requirements

* Your FGC Renewal will be due in 2 years.
* Mediation Institute encourages professional standards and are in the process of industry consultation regarding minimum practice hours and professional development requirements for Family Group Conference Facilitators. We will keep members informed as standards are developed.
* We encourage you to keep a record of your practice hours and professional development. The likely requirements will be 25 hours of each per two year renewal period but this standard is not currently in place.

## Checklist

I have ticked all relevant check boxes in the document

I have provided information about my Professional Indemnity Insurance cover or statutory immunity

I have attached additional information if required in points *(clauses 2.1 b, c, d, e)*

# Section Three: Declarations

## Declaration

I understand that Mediation Institute may require further information if I have disclosed criminal convictions or other impediments to my accreditation.

I would like a full profile on the Mi website which will include a method for clients to contact me, a photo and my renewal date. I understand that Mi will contact me for further information before this directory profile will be established.

I am a FDR Practitioner #­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a NMAS Accredited Mediator – RMAB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FDR Practitioners only:** *By becoming a member of Mi you authorise Mi to notify the Attorney Generals Department if a substantiated complaint is made against you. We will advise you by the last known contact method before any notification to the Attorney Generals Department is made.*

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

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