# Mediation Institute Membership Renewal

**Including NMAS Renewal**

## Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | **Full Name** |  |
| **Date of Birth** |  | | |
| **Company Name (if relevant)** |  | | |
| **Job title** |  | | |
| **Please provide your preferred contact address and phone numbers.** | | | |
| **Postal Address** |  | | |
| **Address for Site Profile\*** |  | | |
| **Telephone** | ( ) | | |
| **Mobile** |  | | |
| **Email** |  | | |

## 

## *\* if you operate from your home address and do not want it published enter in a suburb or town name here for your profile.*

### Checklist

I have ticked all correct check boxes in the document

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

I have included payment information or paid online

I have reviewed my profile on the Mediation Institute Website and all information is correct. Please supply a 400 x 400 pixel photograph if you have not already done so.

### Meaning of Acronyms

CPD: Continuing professional development

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

Mi RMAB: Mediation Institute Recognised Mediator Accreditation Body <https://rmab.mediationinstitute.edu.au/>

NMAS: National Mediator Accreditation System

RMAB: Recognised Mediator Accreditation Body

## **Requirements for Membership Renewal**

Please complete the declarations below. You do not have to disclose anything that has previously been disclosed and accepted as not being a barrier to membership.

1. Disclose if you have been disqualified from any type of professional practice.
   * I have no undisclosed disqualifications from any type of professional practice
   * Details of the circumstances of my disqualification are attached
2. Disclose if you have any criminal conviction.
   * I do not have any undisclosed criminal convictions
   * Details of the circumstances of my criminal convictions are attached
3. 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 provide services related to my membership in a competent, honest and professional manner
   * Details of impairments attached
4. **If applying for NMAS Re-Accreditation with Mediation Institute for the first time** – disclose if you have ever been refused NMAS Accreditation or accreditation renewal or had your accreditation suspended or cancelled.
   * Not applying for NMAS Accreditation through Mediation Institute
   * I have never had my NMAS 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.
5. Do you agree to comply with the Mediation Institute Code of Ethics and with any relevant legislation, professional standards and any other requirements that may apply to your roles?

<https://www.mediationinstitute.edu.au/mediation-institute-forms/>

* + Yes ☐ No. Proceed no further – you must make this undertaking.

|  |  |  |
| --- | --- | --- |
|  | **Membership Type** | **Comments** |
|  | **NMAS Mediator accredited through Mediation Institute** |  |
|  | **NMAS Mediator with other RMAB** - Enter RMAB and renewal date in the comments field. |  |
|  | **FDR Practitioner Membership** - I am an accredited Family Dispute Resolution Practitioner. Enter your FDRP Registration number in the required information. |  |
|  | **Family Group Conference Facilitator Membership –** Supply a copy of your Certificate of Completion if you are not currently recognised in this member category. |  |
|  | **Child Inclusive Practitioner Membership –**Supply a copy of your Certificate of Completion if you are not yet in this member category. |  |
|  | **Certified Coach Membership –** Supply a copy of your Certificate of Completion. There is an experience qualified pathway 1st step supply your CV. |  |
|  | **Transformative Relationship Mediation Membership –** 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. |  |

### Mediation Institute has opened up new membership categories. Please review the table below and supply the necessary information if you would like to be recognised in more membership categories. It does not affect your membership fee to be recognised in more than one membership category.

### Insurance

You must have Professional Indemnity Insurance or cover through your employer. We also recommend that you add public liability cover to your policy. You must notify us if your insurance provider changes.

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

**Professional Indemnity Insurance:** Mi RMAB recommends All Solutions Insurance. Quoted at $200 plus Taxes (between $225 - $245) Current 31.5.17

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 RMAB receives no benefit or commissions. For Policy Wording and Disclosure please refer to All Solutions Insurance*

## Member Benefits

1. Membership includes access to our external complaints service that can address complaints made against you in the membership categories you are eligible for.
2. Free and member rates Professional Development opportunities.
3. Access to the Mediation Institute member community and shared learning.
4. Listing on the Mediation Institute Member Directory.

See our currently available courses and professional development activities on the Mediation Institute website.

<https://www.mediationinstitute.edu.au/events/>

## Practice and CPD Requirements for Mediator Renewal

### Mediation Experience

**Mediators -** Please select to indicate practice experience over the past two years.

* I have conducted at least 25 hours of mediation, co-mediation, family dispute resolution or conciliation since my accreditation or the last renewal of my accreditation.
* **I have NOT** conducted 25 hours of mediation, co-mediation, family dispute resolution or conciliation since my accreditation or the last renewal of my accreditation.

If you have conducted less than 25 hours of mediation, co-mediation, FDR or conciliation in the past two years you will be required to participate in a refresher course and/or competence assessment.

* + I have conducted at least 10 hours of mediation, co-mediation, family dispute resolution or conciliation in the past two years.   
      
    **You will be required to participate in a re-assessment of competence.**
  + I have conducted less than 10 hours of mediation, co-mediation, family dispute resolution or conciliation in the past two years.   
      
    **You will be required to participate in a refresher course and reassessment.**
* <https://www.mediationinstitute.edu.au/product/nmas-mediator-accreditation-assessment/> $550
* <https://www.mediationinstitute.edu.au/nmas-re-accredition-course-mediator-refresher-course/> $650 Includes 8 hours of eligible CPD

### Professional Development

* I have attached a copy of the completed CPD Evidence Template showing 25 hours of professional development activities since my accreditation or last renewal of accreditation
  + I have participated in at least 25 hours of CPD related to mediation since my accreditation or last renewal of accreditation.
  + **I have NOT** participated in 25 hours of CPD development since my accreditation or last renewal of accreditation.

**You must participate in sufficient CPD to meet the 25-hour requirement within 2 months of your renewal date or we cannot renew your accreditation and it will lapse.**

[**https://www.mediationinstitute.edu.au/events/**](https://www.mediationinstitute.edu.au/events/)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CPD Evidence Template** | | | | |
| **Name:** |  | | **Accreditation Period** | |
| **From** |  |
| **To** |  |
| **Hours** | **Max** | **Categories** | **Please provide a brief overview of the type of activity** | |
|  | 20  hrs | **Participating in Education:** *formal, structured activities e.g conferences, courses, seminars and workshops* | | |
|  | | |
|  | 15  hrs | **Reflecting on Practice:** *professional supervision, coaching or structured peer- based reflection on cases.* | | |
|  | | |
|  | 15  hrs | **Providing professional development:** *delivering presentations on mediation or related topics (2 hours prep for every 1 hour presentation) or providing professional supervision, assessment, coaching or mentoring trainees and/or practitioners.* | | |
|  | | |
|  | 10  hrs | **Credit for related CPD:** *CPD in other disciplines such as law, behaviour or social sciences or other profession relevant to your professional roles e.g building or engineering* | | |
|  | | |
|  | 8  hrs | **Learning from practice:** *participating in up to 4 mediations as a client representative / support person, as a trainee in a formal learning capacity or role playing for trainees in leaning or assessment activities (Max. 2 hours per mediation or other simulation)* | | |
|  | | |
|  | 5  hrs | **Self-directed learning:** *private reading, listening to podcasts, watching videos, writing blog posts, articles or books relevant to mediation or your other roles.* | | |
|  | | |
|  | 5  hrs | **Other –** *provide details of other**activities you believe are relevant professional development.* | | |
|  | | |
|  | **Total** *25 hours min.* | | | |

## Declarations

### Declaration

I understand that Mediation Institute may require further information if I have disclosed criminal convictions or other impediments to my re-accreditation or membership renewal. I authorise Mediation Institute to seek information from any party noted on my application and/or supporting documents I supplied to evaluate my application.

I consent to a profile on the Mediation Institute website. This may include a form for clients to contact you, a photo and your renewal date.

**NMAS Accredited with Mi Only** - I agree to the publication of my name and accreditation details on the MSB’s Register of NMAS Mediators. <http://msb.org.au/mediators>

**FDR Practitioners only:** *By becoming a member of Mediation Institute as a Family Dispute Resolution Practitioner and using Mediation Institute as your Complaint Handling Body you authorise Mediation Institute to notify the Attorney Generals Department if a substantiated complaint is made against you. We are also required to notify them if your NMAS accreditation lapses, is suspended or is cancelled. 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 |  | | |

## Payment

NMAS Members - The total fee for your 2-year renewal is $320 including GST and the fees payable to the Mediators Standards Board (MSB) on your behalf.

All other member categories – The total fee for your 2-year renewal is $220 including GST

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

For direct deposit: BOQ BSB 123 – 638 Account 22168520

To pay online or request an invoice go to:  
 [https://www.mediationinstitute.edu.au/product/**new-nmas-mediator-accreditation**/](https://www.mediationinstitute.edu.au/?post_type=product&p=5859&preview=true)