## Personal Details

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date of Birth** |  |
| **Business Name**  |  |
| **Website** |  |
| **Job title** |  |
| **Please provide your preferred contact address and phone numbers.**  |
| **Postal Address** |  |
| **Address for Site Profile[[1]](#footnote-1)**  |  |
| **Telephone** | ( )  |
| **Mobile** |  |
| **Email**  |  |
| **Social Media Links**  |  |

Please provide us with an update of any changes to your contact information or social media links you want us to share on your profile

## 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. <https://www.mediationinstitute.edu.au/complaint-handling/complaint-handling-service/>
2. Free Professional Development <https://www.mediationinstitute.edu.au/events/>
3. Accessible training <https://www.mediationinstitute.edu.au/courses/>
4. Access to the Mediation Institute member community and shared learning. <https://mi.study247.online/courses/9/>
5. Listing on the Mediation Institute Member Directory <https://www.mediationinstitute.edu.au/mi-members/>
6. Member only Facebook Group <https://www.facebook.com/groups/mi.member/?source_id=494189984116142>
7. New Ways FDR FGC Group <https://www.facebook.com/groups/NewWaysFDRandFGC/>

See our [currently available courses](https://www.mediationinstitute.edu.au/courses/) and professional development activities on the Mediation Institute website. <https://www.mediationinstitute.edu.au/events/>

Please indicate on the table any additional membership categories you would like to apply for.

|  |  |  |
| --- | --- | --- |
|  | **Membership Type** | **More Information** |
| [ ]  | I am a Family Dispute Resolution Practitioner  | My Registration number is: |
| [ ]  | I am a Family Group Conference Facilitator | Attached Course certificate from:  |
|[ ]  I am a certified or experienced Child Inclusive Practitioner  | Attached Course certificate from: |
| [ ]   | I am a certified Coach | Attached Course certificate form:  |
|[ ]  I am a certified Transformative Relationship Mediator | Attached Course certificate from:  |
|[ ]  I am a qualified or experienced Child Contact Supervisor | Attached statement of attainment or CV:  |

### Declaration

[ ]  I understand that Mediation Institute may require further information to update my member categories. 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 have current professional indemnity and public liability cover for all areas of work that I do

[ ]  I consent to a profile on the Mediation Institute website. This may include a form for clients to contact you, a photo (please supply a 400 x 400 pixels photo)

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

|  |  |
| --- | --- |
| Signature[[2]](#footnote-2)  |  |
| Date |  |

1. *if you operate from your home address and do not want that town or suburb published enter in a nearby regional town or major suburb name for your profile.* [↑](#footnote-ref-1)
2. Signing electronically by entering your name is acceptable. No need to print, sign and scan. [↑](#footnote-ref-2)