## Mediation Institute Practitioner Membership Application

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

**Locate the form for NMAS Mediator Accreditation through Mi** [**Here**](https://www.mediationinstitute.edu.au/join-mediation-institute/)

# Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Date of Birth |  | Gender |  |
| Company Name |  | | |
| Company Website |  | | |
| Job Title |  | | |
| **Preferred Contact Details** | | | |
| Business Address |  | | |
| Postal Address  (if different) |  | | |
| Preferred Contact Number |  | | |
| Other Number |  | | |
| Preferred Email |  | | |
| Other Email |  | | |

## Insurance

## You must have Professional Indemnity Insurance, either through your professional practice, employer or statutory immunity through your employer. A minimum cover policy is sufficient. We also recommend that you add public liability cover to your policy. You must notify Mediation Institute if your insurance coverage changes. Please attach your certificate of currency if insured as a sole practitioner.

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

## Membership Includes

1. **Complaint Handling -** Membership includes access to our independent complaint handling service for NMAS Mediators, Family Dispute Resolution Practitioners and Family Group Conference Facilitators. <https://www.mediationinstitute.edu.au/complaint-handling-service/>
2. **Professional Supervision / Collegiate Support –** you can call the office for a second opinion, purchase a mentoring session or join in a group discussion with other members
3. **Professional Development –** membership includes free ongoing professional development opportunities. https://www.mediationinstitute.edu.au/events/
4. **Shared Learning and Community –** members can access to the Mediation Institute member community <https://network.mediationinstitute.edu.au>
5. **Document Repository and Resources –** members can join in student role plays and locate resources. https://mi.study247.online
6. **Discounted Mediation Institute Member Rates for the Dispute Resolution Agency –** [www.disputeresolutionagency.com](http://www.disputeresolutionagency.com/)
7. **An Invitation to volunteer** as a mediator with the Interact Community Dispute Resolution Service (ICDRS) <https://icdrs.interact.support>

**Membership Categories**

### Please review the table below and supply the necessary information if you would like to be recognised in any of these categories. *It does not affect your membership fee to be recognised in more than one membership category.*

A copy of your Certificate or other evidence of your qualification or registration is required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Tick below** | | **Practitioner Categories** | **More Information** |
| **NMAS** |  | **I am a NMAS Mediator** accredited through a different Recognised Mediator Accreditation Body (RMAB) [Register of Nationally Accredited Mediators (msb.org.au)](https://msb.org.au/mediators) | My RMAB is:  Expiry Date: |
| **FDRP** |  | **I am applying for registration** as a Family Dispute Resolution Practitioner or pending reinstatement of my registration. | Attached Course Certificate from: |
|  | **I am a Family Dispute Resolution Practitioner.** Please provide a link to your listing on the [Family Dispute Resolution Register - Attorney General's Department (ag.gov.au)](https://fdrr.ag.gov.au/) or your Registration Number if you are not on the public register. | Link or Registration Number: |
| **FGC** |  | **I am a Family Group Conference Facilitator.** Please provide a copy of your training certificate if you didn’t train with Mediation Institute. | Attached Course Certificate from: |
| **CIP** |  | **I am a Child Inclusive Practitioner.** Please provide a copy of your training certificate. | Attached Course Certificate from: |
| **TRM** |  | **I provide Transformative Mediation**. Please provide a copy of your training certificate if you didn’t train with Mediation Institute. | Attached Course Certificate from: |
| **Other** |  | **Other DR professional role** e.g., Conciliator, Divorce or Conflict Coach, Arbitrator, Parenting Coordinator etc | Evidence of your role qualifications: |

**Suspension**

|  |  |
| --- | --- |
| **Yes/No** | **Is your FDR Registration or NMAS Accreditation currently suspended?** |
|  | If Yes, what is the date of suspension and the conditions for reinstatement? |

**Declarations**

|  |  |
| --- | --- |
| **Y/N** | **Declarations** |
|  | Have you been disqualified from any type of professional practice? *If yes provide more information.* |
|  | Do you have any criminal convictions? *If* *yes provide more information.* |
|  | Do you believe that you have any impairment that could influence your capacity to discharge your obligations in a competent, honest and professional manner? *If yes provide more information.* |
|  | Are there any reasons why you do not 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 ALL professional roles you undertake? [*https://www.mediationinstitute.edu.au/mediation-institute-forms/#COE*](https://www.mediationinstitute.edu.au/mediation-institute-forms/#COE) |
| If you answered no to any questions above please provide more information. | |
|  | Have you provided all relevant information correctly and to the best of your knowledge to allow Mediation Institute to evaluate your application? |
|  | Do you authorise Mediation Institute to seek information from any party noted on your application and/or supporting documents to evaluate your application? |
|  | **Do you want Mediation Institute to be your independent complaint handling body?**  **FDR Practitioners only:** *By authorising Mediation Institute to act as your independent complaint handling service you authorise Mi to notify the Attorney Generals Department if a substantiated complaint is made against you which requires disciplinary action and/or to notify them of other changes that may affect your registration as a FDR Practitioner.* |

## Payment

Payment by credit card. Please email [office@mediationinstitute.edu.au](mailto:office@mediationinstitute.edu.au) if you would like an invoice to allow for payment by bank transfer.

|  |  |
| --- | --- |
| Practitioner Membership for 2 years | <https://www.mediationinstitute.edu.au/product-category/membership/practitioner-membership/> |