

GPO Box 127, Melbourne, Victoria 3001 President: Deborah Macfarlane Secretary: Anthony Grimes

Email: admin@vadr.asn.au

APPLICATION FOR NATIONAL RE-ACCREDITATION

This application form is for financial VADR members who have already been accredited through VADR.

Please note that the re-accreditation requirements are set out in section 6 of the *NMAS Approval and Practice Standards* (1 July 2015), a copy of which can be downloaded from VADR's home page (<u>www.vadr.asn.au</u>).

Contact Details			
Prefix/Title: 🗌 Mr 🗌 Mrs	🗌 Ms 🔄 Dr	Other(specify	y):
Family Name:		Given Name(s):	
Name for certificate:			
Address:			
Suburb:		State:	Postcode:
Phone:	Fax:		Mobile:
Email:			

Criteria for re-accreditation as a mediator		
Part A: Go	od character	
☐ am w disch	 I, the undersigned, undertake that I (<i>tick all</i>): am without any serious conviction or impairment that might influence my capacity to discharge my obligations in a competent, honest and appropriate manner; am not disqualified to practise by another professional association relating to any 	
other do no	profession; and of come into the category of a 'prohibited person' or its equivalent as defined in a sular jurisdiction.	
Part 2: Pro	fessional indemnity insurance	
	irm that I continue to hold relevant private professional indemnity insurance se attach a copy of your certificate of currency)	
	Name of insurance company:	
	Name and number of policy:	
	Policy expiry date:	
OR I confirm that I have employee status		
	Name of employer:	
	Address:	
	Telephone:	
OR		
	Name of organisation:	
	Address:	
	Telephone:	

Criteria for r	e-accreditation as	a mediator
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Part 3: Evidence of at least 25 hours (or in some circumstances	10 hours) of
mediation		

I confirm that I have completed at least 25 hours of mediation, co-mediation or
conciliation in the two years since accreditation by VADR.

OR

- ☐ I confirm that for the following reason, I have completed only at least 10 hours of mediation, co-mediation or conciliation in the two years since accreditation by VADR.
 - Have been working mainly as dispute manager, facilitator, conflict coach or related area

Please provide details of this work:

OR

☐ I have taken a family, career or study break

Please provide details of this break:

OR

□ I have suffered illness or injury

Please provide details of your illness or injury:

Please provide details of at least 25 hours (or 10 hours where relevant) of mediation, comediation or conciliation practice. You may provide evidence of all requisite number of hours if you wish. If you wish to provide a separate document, please attach to this application.

Date	Area of mediation/conciliation: (family, commercial, workplace, community, etc.)	No of hours

Criteria for re-accreditation as a mediator

Part 3: Evidence of at least 25 hours (or in some circumstances 10 hours) of mediation

Date	Area of mediation/conciliation: (family, commercial, workplace, community, etc.)	No of hours		

Part 4: Evidence of 25 hours of CPD in the two years since accreditation

Please attach your VADR Mediation & CPD Log or other document which provides this information. The VADR Mediation & CPD Log can be downloaded from the Home Page of the VADR website (<u>www.vadr.asn.au</u>).

Part 5: 'Blended' process members

This section is to be completed only by those who use a 'blended' process such as conciliation or advisory or evaluative mediation.

- I was/was not initially accredited as using a blended process.
- NB. If you have begun to use a 'blended' process since your initial accreditation, you will need to supply evidence of:
- (a) completion of an appropriate degree, or equivalent qualification in the area of your expertise from a university or former college of advanced education, of at least four years equivalent full-time duration, or a VET-approved organisation to a National Framework Level 6 standard; and
- b) a minimum of five years' experience in the professional field in which you are providing advice.

AND

☐ I confirm my continuing registration, membership or equivalent within the professional area in which I give advice.

Declaration

I declare that the information I have provided is correct. I agree to provide supporting documentation relating to my accreditation as may be requested from time to time by the VADR Accreditation Sub-Committee. I have also read the notes below and agree to comply with the conditions as set out.

Signature:

Date:

Please Note

As in your initial accreditation application:

- (1) If a formal complaint is received, you agree to work with VADR and abide by any decision by VADR to rectify your conduct in relation to the complaint.
- (2) You agree to the publication of your name and accreditation details in the VADR register of accredited practitioners.
- (3) You confirm that:
 - (a) you will act professionally and in an unbiased manner;
 - (b) where relevant you will disclose any conflict of interest to a client;
 - (c) you will not discuss or disclose information relating to mediation, other than as required by law; and
 - (d) you will not act in a way that would prejudice the reputation of VADR or the accreditation process and will cooperate fully with an enquiry in the event of any alleged breach.