



Australian Dispute Resolution Association Inc.

*Supporting and transforming the community of dispute resolution practice  
by providing leadership, direction and growth*

ABN 75 535 099 840 ADRA is not registered for GST  
ADRA acknowledges the past and present traditional owners of this land and pays respect to the Elders past and present.  
ADRA extends that respect to other indigenous Australians.

## Application for ADRA Practitioner Members for National Accreditation

The application is based on the National Mediator Approval Standards available at  
[www.nadrac.gov.au](http://www.nadrac.gov.au)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

***The National Mediator Approval Standards require evidence of good character.  
Please have a reputable person who knows you well and is not a family member  
complete the following section.***

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ postcode \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship to applicant for accreditation \_\_\_\_\_

Length of time I have known the applicant \_\_\_\_\_

To the best of my knowledge and belief, the above-named applicant of accreditation  
as a mediator is a person of good character. I may be contacted in regard to this  
reference.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

**The National Mediator Approval Standards require you to undertake to comply with ongoing practice standards and to comply with any legislative and approval requirements. Please read the Approval Standards and the Practice Standards available at [www.nadrac.gov.au](http://www.nadrac.gov.au) before completing the following section.**

I have read the National Mediator Approval Standards and Practice Standards. I agree to comply with the standards and with any legislative and approval standards.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

**The National Mediator Approval Standards require you to show evidence of relevant insurance, statutory indemnity or employee status. Please nominate which of these you have by completing one of the following.**

(a) I have insurance covering my work as a mediator .

Insurance company \_\_\_\_\_

Policy number \_\_\_\_\_

Expiry date of policy \_\_\_\_\_

(b) I have statutory indemnity by reason of my appointment as a \_\_\_\_\_

with the (name of tribunal/s) \_\_\_\_\_

and I do not practice mediation except with the tribunal/s.

(c) I am employed as a \_\_\_\_\_

with \_\_\_\_\_

and I do not practice mediation except with my employer/s.

**The National Mediator Approval Standards require you to show evidence of membership of an organisation that has appropriate ethical requirements, complaints and disciplinary processes and ongoing professional support. ADRA is such an organisation. Nothing further is required of ADRA Practitioner Members in regard to this requirement.**

I am a Practitioner Member of ADRA.

OR

I attach my application for Practitioner Membership of ADRA. (The application form is available from the website: [adra.net.au](http://adra.net.au))

**The National Mediator Approval Standards require you to show evidence of your competence as a mediator by reference to education, training and experience.**

**A** *If you have completed a mediation training course that satisfies the Australian National Mediator Standards and you have completed a skills assessment to a competent standard, complete Part A below.*

**B** *If you were practising as a mediator prior to 1 January 2008, you may apply for accreditation based on your experience, training and education. This requires you to complete Part B below.*

**C** *If you are resident in a linguistically and culturally diverse community for which specialized skills and knowledge are needed and/or from a rural or remote community where there is difficulty in attending a mediation course or attaining tertiary or similar qualifications. This requires you to complete part C below.*

**Part A**

Name of course provider \_\_\_\_\_

Dates of course \_\_\_\_\_

Name of course assessor \_\_\_\_\_

Date of assessment \_\_\_\_\_

Please attach (1) certificate of completion of course and (2) certificate of assessment.

**Part B (if you have not completed Part A)**

Provide details of your experience prior to 1 January 2008

Provide details of your experience since 1 January 2008

Provide details of your training in mediation.

Within the last 24 months, have you conducted at least 25 hours of mediation, co-mediation or conciliation?

\_\_\_\_\_

If not, state how many hours of mediation, co-mediation or conciliation you have completed and state why was it not practical to complete 25 hours.

Within the last 24 months, have you completed at least 20 hours of continuing professional development? If yes, please indicate the type of continuing professional development you have undertaken.

|  |             |
|--|-------------|
| Attendance at courses, seminars or workshops<br>(up to 20 hours)   | _____ hours |
| External supervision and audit<br>(up to 15 hours)   | _____ hours |
| Presentation at ADR seminar or workshop<br>incl 2 hours prep time for each hour delivered<br>(up to 16 hours)    | _____ hours |
| Representing clients in four mediations<br>(up to 8 hours)   | _____ hours |
| Coaching, instructing or mentoring trainees<br>or less experienced mediators<br>(up to 10 hours)                 | _____ hours |
| Role playing for trainee mediators<br>or candidates for assessment<br>or observing mediations<br>(up to 8 hours) | _____ hours |
| Mentoring of less experienced mediators<br>and enabling observation opportunities<br>(up to 10 hours)            | _____ hours |

***Part C (if you have not completed Part A or Part B)***

Describe the community where you live. \_\_\_\_\_

What particular skills and knowledge that are needed to work in your community.

Describe any difficulty you have had in attending a course or attaining qualifications.

***The National Mediator Approval Standards require that you provide additional information as set out below if you wish to offer advice through a 'blended' process such as conciliation, advisory or evaluative mediation. Please complete the following section ONLY if you wish to offer a 'blended' process.***

Name of professional organisation of which you are a member, relevant to the area of advice to be given.

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Relevant qualification (at least 4 year university course or Level 6 VET approved course)

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I have at least five years' experience in the field in which I seek to provide advice.

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Signature

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Date

***All applicants must complete the following declaration.***

I have completed the above application honestly. All the information I have provided is true and correct to the best of my knowledge and belief.

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Signature

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Date

CHECK that you have provided any required attachments.

EMAIL your completed application to Paula Castile at [paulaicastile@gmail.com](mailto:paulaicastile@gmail.com), Dr Emily Kwok at [emilytwkwok@gmail.com](mailto:emilytwkwok@gmail.com) and Campbell Ball at [cbayne.ball@gmail.com](mailto:cbayne.ball@gmail.com).