The Law Society
OF SOUTH AUSTRALIA

AMDRAS
BOARD

Initial Accreditation

Application as an Accredited Mediator under AMDRAS

Full name:		
Address:		
City:	**State:**	**Postcode:**
Mobile:		
Email:		

TRAINING AND ASSESSMENT

Have you previously completed a **recognised** Certificate of Training (CoT) or equivalent? *(See AMDRAS Clause 25(a)(b)) or Alternative Pathways (AMDRAS Division 8, Clause 35)*	☐ Yes ☐ No
If Yes, please provide the following details: Course Name: Course Dates: Course Provider: Course Location: • **if YES, please attach your CoT** • **if NO, please provide information to support the alternative pathway application sought**	
Have you received a Certificate of Assessment (CoA) assessment based on a written assessment *(See AMDRAS Clause 27.2(a))*, and performance of the role of a mediator in a simulated mediation of at least 2 to 2.5 hours, or equivalent? *(See AMDRAS Clause 27.2(b)) or Alternative Pathways (AMDRAS Division 8, Clause 35)*	☐ Yes ☐ No
If Yes, please provide the following details: Assessment Organisation: Date of simulated mediation:* Date of assessment:* Date of notification to applicant of competent assessment:* **See AMDRAS Clause 27(c) and (d)* • **if YES, please attach your CoT** • **if NO, please provide information to support the alternative pathway application sought**	

INSURANCE

Are you covered by relevant professional indemnity insurance or have statutory immunity? *(See AMDRAS Clause 43)* **(if YES, please attach your Certificate of Currency or other evidence of insurance cover).**	☐ YES ☐ NO
What is your insurance renewal date?	
If No, please provide more information.	

COMPLIANCE UNDERTAKING

Do you undertake to comply with:	
• the AMDRAS Training and Accreditation Framework (TAF) for persons seeking accreditation and once accredited under the AMDRAS;	☐ YES ☐ NO
• the AMDRAS Professional Practice Domains which apply to AMDRAS accredited mediators; and	☐ YES ☐ NO
• any relevant legislation, professional standards and any other requirements that may be relevant to an AMDRAS accredited mediator?	☐ YES ☐ NO

GOOD CHARACTER

(a) Are you of good character and do you possess appropriate personal qualities and experience to conduct a mediation process independently, competently and professionally? *(See AMDRAS Clause 38(a)(i).*	☐ YES ☐ NO
(b) Have you provided two-character references attesting to your good character *(See AMDRAS Clause 38(b)(i)*)or provided evidence in an alternative format? *(See AMDRAS Clause 38(b) (ii))* **(if YES, please attach the evidence).**	☐ YES ☐ NO

DISCLOSURE

(a) Have you at any time been disqualified from any type of professional practice? *(See AMDRAS Clause 38(c)(i))* **(if YES, please attach a detailed statement and explanation).**	☐ YES ☐ NO
(b) Have you any unspent criminal convictions? *(See AMDRAS Clause 38(c)(ii))* **(if YES, please attach a detailed statement and explanation).**	☐ YES ☐ NO
(c) Do you have any impairment(s) that could influence your capacity to discharge your obligations in a competent, honest and professional manner? *(See AMDRAS Clause 38(c)(iii))* **(if YES, please attach a detailed statement and explanation).**	☐ YES ☐ NO

(d) Have you ever been the subject of a complaint in your role as a mediator where the complaint was upheld and conditions imposed? **(if YES, please attach a detailed statement and explanation).**	☐ YES ☐ NO
(e) Have you ever been refused NMAS or AMDRAS accreditation or accreditation renewal? *(See AMDRAS Clause 38(c)(iv))* **(if YES, please attach a detailed statement and explanation).**	☐ YES ☐ NO
(f) Have you ever had your mediation accreditation suspended or cancelled? *(See AMDRAS Clause 38(c)(v))* **(if YES, please attach a detailed statement and explanation).**	☐ YES ☐ NO
(g) Are you currently registered through another RAP? You can not be registered through more than one RAP. **If you are seeking a transfer, please complete a transfer form.**	☐ YES ☐ NO

ACKNOWLEDGEMENT, UNDERTAKING and CONSENT

(a) Do you acknowledge and agree to be bound by the AMDRAS Code of Ethics and Professional Practice Domains, where they do not conflict with other professional obligations?	☐ YES ☐ NO
(b) Are you aware that any complaints received against a mediator will be dealt with by the Ethics and Practice Committee using the reporting framework under section 14AB of the Legal Practitioners Act 1981 (SA). For further guidance see here.	☐ YES ☐ NO
Do you consent to: • Your personal information being disclosed to the AMDRAS Board or relevant AMDRAS-related entity; and • Your name, registration status and accreditation body released on the AMDRAS National Register; and • The AMDRAS Board or entity releasing the information to other AMDRAS-related entities (but to no-one else without the consent of all parties concerned). *(See AMDRAS Clause 42)* **(if NO, please attach a detailed explanation).**	☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO

DECLARATION

☐ **I declare that the statements I have made are true in every particular**

Date: **Signature:**

LODGEMENT & PAYMENT

Please provide your completed application form and any annexures by email to mediation@lawsocietysa.asn.au

One of the requirements of accreditation is payment of a $130 registration fee to AMDRAS.

You will be provided with an invoice for payment of the fee upon completion of your application.

Suggested Content for the Good Character Reference Letter:

[Referee's Name]
[Address or Organisation, if relevant]
[Email / Contact number]

To Whom It May Concern,

I am writing to provide a character reference for **[Applicant's Full Name]**, who is applying for accreditation under the Australian Mediator and Dispute Resolution Accreditation Standards (AMDRAS).

I have known [Applicant's Name] for [X years], in my capacity as a [relationship – e.g., colleague, community member, neighbour, teacher, etc.].

Over this time, I have found [him/her/they] to be a person of good character, who demonstrates honesty, integrity, and professionalism in their interactions with others.

I have no hesitation in recommending [Applicant's Name] as someone suitable for professional accreditation and practice in the field of dispute resolution.

Please feel free to contact me should further information be required.

Sincerely,

[Signature (if hard copy)]
[Printed Name]
[Date]