



The Law Society
OF SOUTH AUSTRALIA



Renewal Application as an Accredited Mediator under AMDRAS

This renewal is undertaken in accordance with the AMDRAS Standards. Please refer to AMDRAS

www.amdras.au

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

Renewal Level Sought

Renewal Date	
What is your current level of accreditation?	☐ ACCREDITED MEDIATOR ☐ ADVANCED MEDIATOR ☐ LEADING MEDIATOR ☐ HONORARY LEADING MEDIATOR
Do you currently hold a specialisation? If yes, select from the approved specialisations list.	☐ YES ☐ NO
Are you renewing at the same level of accreditation? (See AMDRAS Clause 45)	☐ YES ☐ NO
If no, what level of accreditation are you applying for?	

Insurance

Professional Indemnity Insurance or Statutory Immunity commensurate with your level of accreditation is mandatory for Nationally Accredited Mediators, AMDRAS. *AMDRAS Clause 43*

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.	



Practice Hours

How many hours of dispute resolution-related practice have you facilitated as a mediator, co-mediator or third-party dispute resolver in the 24 months since your last renewal? (See AMDRAS Clause 46(c) and Appendix 1) <i>Note 1: You should maintain a record of your practice hours, and this can be requested by our RAP or by the AMDRAS Board.</i> <i>Note 2: Practice can include up to 5 hours of intake and preparatory work to set up the dispute resolution process, as well as up to 5 hours of observing a more experienced practitioner.</i>	☐ < 10 hours ☐ 10 to < 20 hour ☐ 20 to < 40 hours ☐ +40 hours
If you are a Specialist Dispute Resolution Practitioner, have you met the requirement of at least 40 hours of dispute resolution practice with at least 25% being within your area of specialised practice?	☐ Yes ☐ No

Continuing Professional Development

Have you kept a CPD record and met the requirements of 25 hours over two years of CPD directed at developing or maintaining the Professional Attributes? (See AMDRAS Clause 47 and Appendix 2) <i>Note: You should maintain a record of your CPD hours, and this can be requested by our organization or by the AMDRAS Board.</i>	☐ < 25 hours ☐ +25Hours
I have attached a copy of my CPD Record.	☐ Yes ☐ No

Are you applying for Adjusted Renewal Requirements?

If you have not met the Practice or CPD requirements on what basis are you applying for adjusted renewal requirements? (See AMDRAS Clause 48)	☐ Lack of work Opportunities ☐ Health or career circumstances ☐ Residence in a non-urban area ☐ Other barriers, including socio-cultural, to accessibility or inclusion ☐ Parental leave ☐ Leave due to family circumstances ☐ Other matters considered relevant
Adjustments sought (See AMDRAS Clause 48c)	
Office Use: 1. Has the Registered Practitioner sought adjusted renewals previously? Note: Adjusted renewal can not be approved for more than 2 consecutive periods under clause 48(e) 2. Indicate the adjusted renewal application outcome, including any conditions the RAP considers appropriate. (See AMDRAS Clause 48 and 49)	Approved? ☐ Yes ☐ No Outcome:



GOOD CHARACTER and DISCLOSURE

(a) Have you at any time been disqualified from any professional practice? <i>(See AMDRAS Clause 38(c)(i))</i> (if YES, please attach a detailed statement and explanation).	☐ YES ☐ NO
(b) Do you have any unspent criminal convictions? <i>(See AMDRAS Clause 38(c)(ii))</i> (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? <i>(See AMDRAS Clause 38(c)(iii))</i> (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? <i>(See AMDRAS Clause 38(c)(iv))</i> (if YES, please attach a detailed statement and explanation).	☐ YES ☐ NO
(f) Have you ever had your mediation accreditation suspended or cancelled? <i>(See AMDRAS Clause 38(c)(v))</i> (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). <i>(See AMDRAS Clause 42)</i>	☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO



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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.