



The New South Wales Bar Association

ABN 18526 414 014

**APPLICATION FOR ACCREDITATION AS A MEDIATOR -  
AUSTRALIAN NATIONAL MEDIATOR STANDARDS  
AND  
APPLICATION FOR RECOMMENDATION FOR APPOINTMENT AS  
A SUPREME COURT MEDIATOR  
2010-2011**

**Note: Use this application form only if you already have undertaken a 5 day training course in mediation since 1 January 2008 or undertaken "top-up" training that complies with the National Standards, have the required ten points of experience as a mediator (refer to question 15) and hold a Practising Certificate issued by the NSW Bar Association**

**Completed application forms must be returned to the Bar Association by  
5pm Friday 25 September 2009.  
PLEASE NOTE IT WILL NOT BE POSSIBLE TO PROCESS LATE APPLICATIONS.**

Before completing this form you need to familiarise yourself with the Australian National Mediator Standards, Approval Standards and Practice Standards, which are available on the Bar Association's website at [www.nswbar.asn.au](http://www.nswbar.asn.au) and ensure that you qualify for accreditation.

The information requested on this form will be used to process your application for accreditation as a 'new' mediator under the Australian National Mediator Standards and application for recommendation for appointment as a Supreme Court mediator should you wish to apply for that list. If your application is successful, your name will be listed on the Bar Association's website.

**PART ONE - PERSONAL AND PRACTICE DETAILS**

*PLEASE HANDWRITE YOUR DETAILS*

**FAMILY NAME:** \_\_\_\_\_

**GIVEN NAMES:** \_\_\_\_\_

**CHAMBERS / BUSINESS ADDRESS:** \_\_\_\_\_

Please note that a post office box is not  
a practice address.

**DX:** \_\_\_\_\_

**CLERK'S NAME:** \_\_\_\_\_

**CHAMBERS PH:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**DIRECT PH:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

You must notify the Council in writing of any change in the particulars disclosed in this application within 7 days after the change occurs.

## **PART TWO - GOOD CHARACTER**

- 1 Do you have the personal qualities and appropriate life, social and work experience to conduct the process of mediation independently and professionally?
- YES  NO  If NO, please attach a written statement disclosing the matters.
- 2 Do you have any serious conviction or impairment that could influence your capacity to discharge your obligations in a competent, honest and appropriate manner?
- YES  NO  If YES, please attach a written statement disclosing the matters.
- 3 Do you hold a current practising certificate issued by the NSW Bar Association?
- YES  NO
- 4 Do you have at least five years practice as a legal practitioner?
- YES  NO
- 5 Have you ever been disqualified from practising by a professional body?
- YES  NO  If YES, please attach a written statement giving details.
- 6 Have you ever been removed or suspended from acting as a mediator by any accrediting body?
- YES  NO  If YES, please attach a written statement giving details.

## **PART THREE - COMPLIANCE UNDERTAKING**

- 7 I have read and understood my obligations under both the:
- Australian National Mediator Standards, Approval Standards, for mediators seeking approval under the current national mediator accreditation system, (**'Approval Standards'**); and
  - Australian National Mediator Standards, Practice Standards, for mediators seeking approval under the current national mediator accreditation system (**'Practice Standards'**).
- YES  NO
- 8 I undertake to comply with the Approval Standards, the Practice Standards and any relevant legislation.
- YES  NO
- 9 I understand that, if my application for accreditation is successful, my accreditation for a period of two years is dependent upon my holding a practising certificate and professional indemnity insurance during that entire period.
- YES  NO

**PART FOUR - COMPETENCE, TRAINING AND EDUCATION**

*Please refer to Section 7 of the Practice Standards and Section 5 of the Approval Standards*

- 10 Have you completed a 5 day course of initial mediation training of at least 38 hours that complies with the requirements set out in s5 of the Approval Standards since 1 January 2008 or “top-up” training for a course undertaken before 1 January 2008 that enables you to comply with the National Standards?

YES  NO  If NO, you do not qualify to be accredited

- 11 If the answer to question 10 is YES, please provide the following details:

- name of course/s: \_\_\_\_\_
- name of provider/s: \_\_\_\_\_
- number of hours/days: \_\_\_\_\_
- date/s on which course/s were undertaken:  
\_\_\_\_\_

- 12 Please confirm that you have attached a copy of a certificate/s of completion of the training referred to in question 10 above.

YES  NO  If NO, provide reasons as to why this has not been provided

- 13 Do you have the knowledge, skills and ethical understandings required by Section 7 of the Practice Standards?

YES  NO

- 14 Have you completed a mediator skills assessment involving at least a 1.5 hour simulation as required by section 5(2) of the Approval Standards?

YES  NO  If YES, please attach a copy of the mediator skills assessment. If you cannot provide this explain why.

- 15 In order to qualify for accreditation and appointment as a Supreme Court mediator you must be able to demonstrate some experience in mediation. The achievement of **ten points** during the course of the applicant’s practice as a legal practitioner is required. For this purpose:

- having acted as a mediator constitutes **three points** per mediation;
- having acted as a co-mediator constitutes **two points** per mediation; and
- having represented a party at a mediation constitutes **two points** per mediation.

Have you obtained at least 10 points of experience in mediation in any of the situations outlined above?

NO  If NO, you do not qualify for accreditation

YES  If YES, please provide FULL details of how you have obtained the 10 points required:

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**PART FIVE - APPLICATION FOR RECOMMENDATION FOR APPOINTMENT AS A SUPREME COURT MEDIATOR**

**Only complete this section of the application form if you intend to also apply for recommendation for appointment as a Supreme Court Mediator, otherwise proceed to Part Six of this form, complete the agreement and sign and date the declaration.**

16 I wish to apply for recommendation for appointment as a Supreme Court mediator:

YES  NO

17 Areas of mediation practice (please tick the areas in which you practice):

Commercial	<input type="checkbox"/>	Defamation	<input type="checkbox"/>
Complex Personal Injury	<input type="checkbox"/>	Professional Negligence	<input type="checkbox"/>
Family Provision Act	<input type="checkbox"/>	Construction	<input type="checkbox"/>
Property (Relationships) Act	<input type="checkbox"/>		

**PART SIX – BAR ASSOCIATION’S MENTORING SCHEME FOR MEDIATORS**

18 If your application for accreditation under the National Standards is successful, are you willing to act as a mentor for up to 3 hours per year in the Bar Association’s mentoring scheme for mediators and agree to your name being listed on the Association’s webpage as a mentor?

YES  NO

**PART SEVEN – AGREEMENT AND DECLARATION**

**Please note:**

The Bar Council requires applicants to bring to its attention any adverse circumstances, including circumstances that do or that may reasonably be expected to adversely affect the professional or community standing and good repute of the applicant, including any adverse findings by any disciplinary body, and convictions or bankruptcy proceedings or bankruptcy debt agreement/arrangements since the date of admission to practice.

You do not need to notify matters which you have already notified to the Bar Council.

**19** Are there any adverse circumstances relevant to you being accredited as a mediator under the Australian National Mediator Standards and/or being recommended for appointment as a Supreme Court mediator?

YES  NO  If YES, please provide full details and attach them to this form

**AGREEMENT**

I understand that accreditation as a mediator under the Australian National Mediator Standards and/or appointment as a Supreme Court mediator is for a period of two years. I understand that I have the right after that period to apply for reaccreditation and/or reappointment.

I agree to the Association making enquiries about me concerning my fitness to be an accredited mediator and/or Supreme Court mediator.

I undertake to notify, in writing, the Bar Council, if my name is included on the Bar Association's list of accredited mediators and/or list of Supreme Court mediators, if and when I become aware of any adverse circumstances within the extended meaning as referred to above.

I consent to my name being put forward to courts, tribunals, organisations or persons by the Bar Association for referral for mediations. By signing my name below, I give my consent to the Bar Association's sending my name forward in this manner.

YES  NO

**DECLARATION**

I, \_\_\_\_\_ of \_\_\_\_\_

declare that the information and particulars set out in the above application true in substance and in fact to the best of my knowledge.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

**COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION**

Information about you is collected, stored, used and disclosed by the New South Wales Bar Association in accordance with the *Privacy Act 1988* (Cth).

**PLEASE ENSURE THAT YOU HAVE ANSWERED ALL QUESTIONS BEFORE  
RETURNING THIS FORM TO THE BAR ASSOCIATION**

**CLOSE DATE FOR APPLICATIONS IS FRIDAY 25 SEPTEMBER 2009  
LATE APPLICATIONS WILL NOT BE PROCESSED**