



The New South Wales Bar Association

ABN 18526 414 014

**APPLICATION FOR ACCREDITATION AS AN 'EXPERIENCE  
QUALIFIED' MEDIATOR - AUSTRALIAN NATIONAL  
MEDIATOR STANDARDS  
AND  
APPLICATION FOR RECOMMENDATION FOR  
APPOINTMENT AS A SUPREME COURT MEDIATOR  
20010-2011**

**Note: Use this application form only if you already have training and experience as a mediator and hold a Practising Certificate issued by the NSW Bar Association and were not accredited by the Bar Association as a mediator in 2008**

**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 an 'experience qualified' 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 ANSWERS. PLEASE DO NOT TYPE THEM*

**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 3-5 day course of initial mediation training?

YES  NO  If you have answered NO, please attach to this form detailed reasons as to why, despite receiving no training, you should still be considered for accreditation.

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 courses 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. Have you worked as a mediator prior to 25 September 2009?

YES  NO  If NO, you do not qualify to be accredited as an ‘experienced qualified mediator’. You may instead be eligible to apply based on recent training – refer to application form titled ‘Application for Accreditation as a Mediator – Australian National Mediator Standards and application for recommendation for appointment as a ‘Supreme Court Mediator’

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

YES  NO

15. Have you conducted at least 25 hours of mediation, co-mediation or conciliation in the last two years?

NO  If NO, proceed to question 16

YES  If YES, please provide the following and then proceed to question 18:

- number of hours as a mediator/conciliator (approximately):  
\_\_\_\_\_
- number of hours as a co-mediator/conciliator(approximately):  
\_\_\_\_\_
- details of the mediations or conciliations undertaken, including the nature of the dispute: \_\_\_\_\_  
\_\_\_\_\_

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16. If your answer to question 15 is NO, have you conducted at least 10 hours of mediation, co-mediation or conciliation in the last two years?

YES  NO

17. If you have conducted at least 10 hours of mediation, but less than 25 hours – please provide the reason for not undertaking at least 25 hours:

- initial mediation training undertaken only within last two years
- lack of work
- family, career or study break
- illness
- other (please specify) \_\_\_\_\_

18. Have you completed at least 20 hours of continuing professional development (as detailed in Approval Standard 6(1)(b)) in the last two years?

YES  NO  If NO, proceed to question 19

If YES, please state the number of hours you have completed for the following activities:

- attending continuing professional development courses, educational programs, seminars or workshops on mediation or related skill areas as referred to in Section 7 of the Practice Standards (up to 20 hours) \_\_\_\_\_
- representing clients in four mediations (up to 8 hours) \_\_\_\_\_
- \_\_\_\_\_
- presentations at mediation or ADR seminars or workshops, including 2 hours of preparation time for each hour delivered (up to 16 hours) \_\_\_\_\_
- mentoring less experienced mediators and enabling observational opportunities, or being mentored (up to 10 hours) \_\_\_\_\_
- coaching/instructing/mentoring trainee or less experienced mediators in training courses (up to 10 hours) \_\_\_\_\_
- role playing for trainee mediators and candidates for mediation assessment or observing mediations (up to 8 hours) \_\_\_\_\_
- external supervision/auditing of your mediation practice (up to 15 hours)

19. If you answered “no” to question 18, are you resident in a linguistically and culturally diverse community for which specialised skills and knowledge are needed and/or from a rural/or remote community where there is difficulty in attending mediation training courses?

YES  NO

**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.**

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

YES  NO

21. Areas of mediation practice (please circle 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**

22. 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.

23. 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

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**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**

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