

Application for NMAS Accreditation

CONTACT US

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IN PERSON: The Law Society of Western Australia,
Level 4, 160 St Georges Terrace
Perth WA 6000

CONTACT DETAILS

Title: Mr Mrs Ms Miss Mx N/A Other (please specify) _____

Given Name: _____

Family Name: _____

Address: _____

Suburb: _____

State: _____

Postcode: _____

Phone: _____

Mobile: _____

Email: _____

Occupation: _____

Employer: _____

I CERTIFY THAT (TICK WHICHEVER APPLIES):

1. Training and Assessment:

- Within the 6 months prior to my assessment as competent, I have completed a training course (the course) which satisfies all of the following:
- The course comprised 38 hours' training and was completed within 24 months.
 - The training was delivered by at least 2 trainers, the principal one of which had more than 3 years' experience both as an NMAS accredited mediator and as a trainer.
 - I was observed by different coaches in 2 simulated mediations of at least 1.5 hours each.
 - The coaches were NMAS accredited mediators and had at least 2 years' or 50 hours' mediation experience and provided written feedback to me.
 - I participated in at least 9 simulated mediations (3 or more in which I performed the role of mediator).
 - The coaches provided written feedback to me.
 - The content of the course included the knowledge, skills and ethical principles set out in the NMAS Practice Standards.
 - I was assessed as competent in a process where:
 - I performed the role of a mediator in a simulated mediation of at least 1.5 hours.
 - The simulated mediation was observed by the assessor (whether in real time or by a recording) without coaching.
 - The assessor was independent and NMAS accredited with at least 3 years' mediation experience.
 - The assessment criteria reflected the knowledge, skills and ethical principles in the NMAS Practice Standards.
 - I was assessed as competent by the assessor using an assessment form which documented the extent to which I met or did not meet the assessment requirements.
 - I was provided with written feedback from the assessor assessing my performance and stating the outcome.
 - A copy of the assessment form and written feedback referred to above is attached.

IN THE ALTERNATIVE TO THE ABOVEMENTIONED TRAINING AND ASSESSMENT REQUIREMENTS, I MEET THE ACCREDITATION REQUIREMENTS AS FOLLOWS:

2. Comparable training and assessment

- I have completed a mediator training course which is at least comparable to the training course described in 1 above.
 - I have been assessed as competent in the process described in 1 above.
 - Proof of completion of the mediator training course referred to in 2 above is attached.
- and
- A copy of the assessment form and written feedback referred to above is attached.

OR

4. CALD knowledge, experience and assessment

- I have provided evidence to the Law Society that I possess appropriate mediation experience and knowledge of the unique values and traditions within the culturally and linguistically diverse (CALD) community with which I identify.
- I have attached 2 references attesting to my mediation competence
- I have been assessed as competent in the process described in 1 above.
- Proof of appropriate mediation experience and knowledge of the unique values and traditions within the culturally and linguistically diverse (CALD) community is attached.
- Two references attesting to my mediation competence referred to above, are attached.
- A copy of the assessment form and written feedback referred to above is attached.

5. Character etc.

- I have attached written references from 2 members of my community who have known me for more than 3 years and attest to my good character.

OR

- I can demonstrate that I have already satisfied this requirement under another system and proof of this is attached.

6. Professional practice:

- I have not been disqualified from any professional practice.

OR

- I have been disqualified from professional practice as specified in the attachment to this application

7. Criminal convictions:

- I do not have any criminal conviction

OR

- I have criminal convictions as specified in the attachment to this application. (please provide details of date, nature of and outcome of the conviction)

8. Impairment:

- I do not have an impairment that could affect my capacity to discharge my obligations, as a mediator, in a competent, honest and professional manner.

OR

- I have an impairment as specified in the attachment to this application.

9. NMAS accreditation:

- I have not had a prior application for NMAS accreditation or renewal refused, suspended or cancelled

OR

- A prior application for NMAS accreditation or renewal has been refused, suspended or cancelled as specified in the attachment to this application.

10. Other:

- I agree to comply with the MSB Approval Standards and Practice Standards, relevant legislation, professional standards and other requirements relevant to me.
- I am a member of the Law Society of Western Australia, and will remain a member of that or another organisation referred to in clause 2.1(h) of the NMAS Approval Standards during the period of my accreditation.
- I acknowledge that the Law Society can disclose information about me to the MSB which can release it to other RMABs upon request
- I have relevant Professional Indemnity insurance or statutory immunity, and will remain covered or immune during the period of my accreditation.

I confirm that the information I have supplied is correct.

Signed:

Date:

