

# Application for NMAS Re-Accreditation

## CONTACT US

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## 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 APPLY FOR RE-ACCREDITATION WITH NMAS

- I have conducted at least 25 hours of mediation, co-mediation or conciliation within the previous 2 years.
- A list of the 25 hours of mediation, co-mediation or conciliation I have conducted is attached.  
25 hours of mediation, co-mediation or conciliation practice:

Date	Broad area of mediation, co-mediation or conciliation (e.g workplace, defamation, family etc.)	No. of hours
<b>Total no. of hours:</b>		

OR

- Alternatively, by reason of lack of work opportunities, health or career circumstances, or residence in non-urban or CALD communities, I have conducted at least 10 hours of mediation, co-mediation or conciliation.

AND

- I agree to attend such supplementary training, coaching and/or assessment as the Law Society considers necessary in addition to the CPD required below in order to address the shortfall. (Such renewal cannot be sought or granted for more than 3 consecutive renewals).
- A list of the 10 hours of mediation, co-mediation or conciliation I have conducted is attached.

10 hours of mediation, co-mediation or conciliation practice:

Date	Broad area of mediation, co-mediation or conciliation (e.g workplace, defamation, family etc.)	No. of hours
<b>Total no of hours:</b>		

- I have undertaken at least 25 hours of CPD of the knowledge, skills and ethical principles contained in the Practice Standards and comprised of the following:
- Participation in education
  - Reflecting on practice
  - Providing profession development
  - Credit for related professional CPD
  - Learning from practice
  - Self directed learning
  - Other

OR

- I do not meet the abovementioned CPD requirements in full, due to health or career circumstances or residence in non-urban or CALD communities, and I agree to undertake such supplementary CPD as the Law Society considers necessary before re-accreditation can be granted.
- List of the CPD completed is attached.

	Name/subject of each course/seminar/workshop etc. and Name of provider/supervisor. Details of self directed learning or other	Date of CPD	Actual no. of hrs	No. of hrs allowed
<b>Participating in education:</b> Formal structured activities such as training seminars and workshops (up to 20 hours) or attending conferences (up to 15 hours).				

	<b>Name/subject of each course/seminar/workshop etc. and Name of provider/supervisor. Details of self directed learning or other</b>	<b>Date of CPD</b>	<b>Actual no. of hrs</b>	<b>No. of hrs allowed</b>
<b>Reflecting on practice:</b> Receiving professional supervision or coaching or participating in structured peer-based reflection on mediation cases (up to 15 hours)				
<b>Providing Professional Development:</b> Delivering presentations on mediation or related topics including 2 hours' preparation for each hour delivered, or providing professional supervision, assessment, coaching or mentoring of mediator trainees and mediators (up to 15 hours)				
<b>Credit for related professional CPD:</b> CPD to maintain related professional licensing or accreditation such as in law or in the behavioural or social sciences or in the professional field in which they mediate (e.g. building or engineering) (up to 10 hours).				
<b>Learning from Practice:</b> Participation in up to 4 mediations as a client representative, or formal learning capacity (up to 2 hours per mediation), or role playing for trainee mediators and candidates for mediator assessment (up to 2 hours per simulation) (up to 8 hours in total).				
<b>Self-directed Learning:</b> Private study, or writing published materials relevant to mediation in recognised journals or by recognised publishers (up to 5 hours).				
<b>Other:</b> Such other activities as may be approved by the MSB on application by the Law Society (up to 5 hours).				
<b>Total number of hours:</b>				

**1. 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.

**2. 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).

**3. 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.

**4. 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.

**5. 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 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.

Note that:

- All these requirements must be met within 2 months of the due date for renewal, failing which their accreditation automatically lapses.  
 CPD hours relied upon for any 1 renewal cannot be used for any subsequent renewal.

**I confirm that the information I have supplied is correct.**

Signed:

[Signature box]

Date:

[Date box]