

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: _____

