

# **APPLICATION FOR ACCREDITATION AS A MEDIATOR UNDER**

# **THE LAW SOCIETY OF NEW SOUTH WALES**

# **LAWYER MEDIATOR ACCREDITATION SCHEME (LMA SCHEME)**

This scheme has been independently developed by The Law Society of New South Wales, and is not otherwise produced, approved, sponsored or endorsed by, or otherwise affiliated with any other mediation or dispute resolution standards organisation.

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| Only use this form if you are a current member of The Law Society of New South Wales and hold a current Practising Certificate**.**Before completing this form, you must familiarise yourself with the LMA Scheme Mediation Practice Standards and Mediator Accreditation Requirements. If you have any questions about the LMA Scheme and/or your eligibility, please contact the Director, Access to Justice on (02) 9926 0396 or via a2j@lawsociety.com.au.The information requested on this form will be used to process your application for accreditation as a mediator under the LMA Scheme for a two-year period.  |
| **Personal Information Collection Notice****By completing this form, you are providing personal information. Please read the Law Society’s** [**Personal Information Collection Notice**](https://www.lawsociety.com.au/privacy-policy/personal-information-collection-notice)**.** The Law Society of New South Wales respects your privacy and the confidentiality and security of personal information provided by you to us. The information provided by you to the Law Society on this form will be used by the Law Society for the purposes of processing your application. The Law Society’s Privacy Policy is accessible <https://www.lawsociety.com.au/privacy-policy>.  |

##### **Registration Fee**

The accreditation fee for the LMA Scheme is $100.00.

##### **Payment Details**

A member of the Access to Justice team will contact you shortly to process your payment.

##### **Part 1: Personal Details**

|  |  |
| --- | --- |
| Law Society Membership Number: |  |
| Full Name:  | Mr/Mrs/Ms/Miss/Dr |
|  |  |
| Firm/Practice: |  |
| Address for correspondence: |  |
|  |  |
|  |  |
|  |  |
| Contact Number: |  |
| Email:  |  |

##### **Part 2: Mediator Accreditation Requirements**

Please complete **ONE**:

***(A) I have completed training and assessment in accordance with Section 2.2 of the Mediator Accreditation Requirements.***

I confirm I have completed one of the following mediation training programs:

[ ]  The College of Law – Nationally Accredited Mediator Training Program.

[ ]  Resolution Institute – Mediation Training and Assessment Course.

[ ]  Mediation Institute – Mediator Training and Assessment Course.

[ ]  Australian Dispute Centre (ADC) – Mediation Training Course.

[ ]  Australian Institute of Family Law Arbitrators and Mediators (AIFLAM) – Mediation Training and Assessment Course.

NB. You must apply for accreditation within six months of receiving formal notification from the mediation training course provider that you have met the assessment requirements of that training program.

I attach:

[ ]  a copy of a certificate of completion of this training; and

[ ]  a copy of the mediator skills assessment.

***OR***

***(B) I have current accreditation under NMAS/AMDRAS.***

|  |  |
| --- | --- |
| Name of Recognised Accreditation Provider (RAP): |  |
|  |  |
| Start Date of Accreditation: |  |
| End Date of Accreditation: |  |

I attach:

[ ]  a copy of NMAS/AMDRAS accreditation.

##### **Part 3: Approval Requirements**

I confirm the following:

[ ]  I hold a current Australian Practising Certificate authorising me to engage in legal practice.

[ ]  I am a member of The Law Society of New South Wales and will maintain membership for my accreditation period.

[ ]  I have no impairment that would compromise my capacity to discharge my obligations as a mediator in a competent, honest and appropriate manner.

[ ]  I have read the LMA Scheme Mediation Practice Standards and Mediator Accreditation Requirements.

[ ]  I undertake to comply with any relevant legislation and the LMA Scheme Mediation Practice Standards and Mediator Accreditation Requirements.

[ ]  I agree to The Law Society of New South Wales making enquiries about me concerning my fitness and propriety to be an accredited mediator, which include the matters set out in Rule 13(1) of the *Legal Profession Uniform General Rules 2015*.

[ ]  I authorise the Legal Regulation Department of The Law Society of New South Wales and the NSW Legal Services Commissioner to advise and release to The Law Society of New South Wales Lawyer Mediator Accreditation Scheme any adverse disciplinary matters or findings that may be made against me at any time.

[ ]  I hereby undertake that if I am accredited by The Law Society of New South Wales, I will notify The Law Society of New South Wales, in writing, within 7 days or any shorter period required by law, if and when I become aware of any adverse circumstances as set out immediately above.

[ ]  I consent to my name and my period of accreditation being published on the LMA Scheme Register.

##### **Part 4: Insurance**

Tick and complete either (i), (ii) or (iii).

1. [ ]  I confirm that I have private professional indemnity insurance.

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| --- | --- |
| Name of insurance company: |  |
| Policy number: |  |
| Expiry date of policy: |  |

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|  |  |
|  |  |

***OR***

1. [ ]  I confirm that I have employee status (which provides me with insurance cover

 where relevant) or statutory indemnity through my employer or the agency that I

 work with.

|  |  |
| --- | --- |
| Name of employer/agency: |  |

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| --- | --- |
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***OR***

1. [ ]  I have statutory indemnity that covers me including work undertaken as a

 mediator.

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| --- | --- |
| Provide details: |  |

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##### **Part 5: Declaration**

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I declare that the information and particulars set out in this application form are true and correct to the best of my knowledge.

I have read the Law Society’s [Personal Information Collection Notice](https://www.lawsociety.com.au/privacy-policy/personal-information-collection-notice).

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |  |  Date: |  |
| Signature: |  |