



# Application for CRS Panel of Mediators

## Part 1: Personal Information

Title	Mr Mrs Ms Dr Other: _____
First/Middle Names	
Surname	
Address	
	P/c
Contacts	Email: _____
	Mobile: _____ Work: _____
	Home: _____ Other: _____
Date of Birth	
Place of Birth	
Cultural Background	ATSI: <input type="checkbox"/> Yes <input type="checkbox"/> No
	CALD: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which nationality? _____
Do you speak any other languages? (including sign language)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, languages? _____
Do you have any disabilities CRS needs to know about to support you as a mediator?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please briefly describe nature of disability and what assistance you may require?
Current Commitments	<input type="checkbox"/> Not Employed <input type="checkbox"/> Employed Fulltime/Part-time/Casual (delete whichever not applicable) <input type="checkbox"/> Student Fulltime/Part-time (delete whichever not applicable)

## Part 2: Employment History

(Most recent first)

<i>Start/End Dates</i>	<i>Employer</i>	<i>Position</i>	<i>Brief Description of Responsibilities</i>

## Part 3: Volunteer History

(Most recent first)

<i>Start/End Dates</i>	<i>Organisation</i>	<i>Position</i>	<i>Brief Description of Responsibilities</i>

## Part 4: Education History (including qualifications in mediation)

(Most recent first)

<i>Year</i>	<i>Qualification</i>	<i>Provider</i>

## Part 5: Professional Development History

(Most recent first)

<i>Year</i>	<i>Course &amp; Brief Description of Content</i>	<i>Duration</i>	<i>Provider</i>

## Part 6: Mediator Registrations and Accreditations

Type	Status
Family Dispute Resolution Practitioner	<input type="checkbox"/> Current Registration No: _____ <input type="checkbox"/> Not Current, but eligible to obtain <input type="checkbox"/> Not Current, ineligible to obtain
National Mediator Accreditation	<input type="checkbox"/> Current Category: <input type="checkbox"/> Training <input type="checkbox"/> Experience Qualified RMAB Provider: <input type="checkbox"/> LEADR <input type="checkbox"/> IAMA <input type="checkbox"/> Defence <input type="checkbox"/> Other: _____ Valid From: _____ To: _____ <input type="checkbox"/> Not Current, but eligible to obtain <input type="checkbox"/> Not Current, ineligible to obtain
Working with Vulnerable People Check	<input type="checkbox"/> Current Valid From: _____ To: _____ <input type="checkbox"/> Not Current, but eligible to obtain <input type="checkbox"/> Not Current, ineligible to obtain

## Part 7: Other Registrations and Accreditations

Type	Status

## Part 7: Mediation Practice

**a. Intake, Screening and Assessment**  
Briefly describe your experience in undertaking/delivering intake, screening and assessment of disputes.

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**b. Conflict Coaching**  
Briefly describe your experience in undertaking/delivering conflict coaching activities

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**c. Mediation**

Indicate which types of disputes have you mediated (and list approx. how many in space provided)

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|---|--|
| <input type="checkbox"/> Neighbourhood _____                    | <input type="checkbox"/> Incorporated Associations _____ |
| <input type="checkbox"/> Separated Couple – Parenting _____     | <input type="checkbox"/> Clubs and Groups _____          |
| <input type="checkbox"/> Separated Couple – Property _____      | <input type="checkbox"/> Board/Governance _____          |
| <input type="checkbox"/> Building, Planning & Development _____ | <input type="checkbox"/> Insurance _____                 |
| <input type="checkbox"/> Commercial Contracts _____             | <input type="checkbox"/> Other _____                     |
| <input type="checkbox"/> Community _____                        | _____  |
| <input type="checkbox"/> Workplace _____                        | _____  |
| <input type="checkbox"/> Aged Care _____                        | _____  |
| <input type="checkbox"/> Wills/Probate _____                    | _____  |
| <input type="checkbox"/> Parent/Youth _____                     | _____  |

**d. Other ADR Services**

- Facilitation Services  
List Purpose of facilitations
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Restorative Justice Conferences \_\_\_\_\_
- Other
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Part 8: Other Mediation/ADR Services

Service	Organisation/s	When
Delivered training in mediation and/or related disciplines (Eg Trainer of NMAS courses, short workshops on Pre-Mediation, Power Dynamics in Mediation, Conflict Coaching etc)	(For this response, please also list the topics delivered)	
Provided Supervision for other Mediators		
Coaching for Mediation Courses		
Role player for Mediation Courses		

**Part 9: Referees** (please provide at least 3 referees; where possible related to your role as a mediator)

Name	
Contacts	Email:
	Mobile: <span style="float: right;">Work:</span>
	Home: <span style="float: right;">Other:</span>
Relationship to You	

Name	
Contacts	Email:
	Mobile: <span style="float: right;">Work:</span>
	Home: <span style="float: right;">Other:</span>
Relationship to You	

Name	
Contacts	Email:
	Mobile: <span style="float: right;">Work:</span>
	Home: <span style="float: right;">Other:</span>
Relationship to You	

**Part 10: Documentation**

Please attach to your application any relevant documentation you have listed in your application

- Mediation Training Qualification
- National Mediator Accreditation
- Family Dispute Resolution Qualification
- Family Dispute Resolution Registration
- Vulnerable People Check
- Other

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**Part 11: Confirmation**

I declare the information contained in this application is true and correct. I understand that the CRS reserves the right to check on any information I have included in my application.

Signed:	Dated:
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