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| **ADR Form 02 |** Application for appointment to the QCAT Mediation Panel |
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| **APPLICATION FOR APPOINTMENT TO THE QCAT MEDIATION PANEL** |
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| **SECTION 1 – APPLICANT’S DETAILS** |
| **Name:** |
| Click here to enter name. |
| **Address:** |
| Click here to enter address. | **Suburb:** | Click to enter suburb. | **State:** | Choose an item. | **Postcode:** | Enter postcode. |
| **Postal Address:** *(if different from above)* |
| Click here to enter address. | **Suburb:** | Click to enter suburb. | **State:** | Choose an item. | **Postcode:** | Enter postcode. |
| **Work phone number:** | Click here to enter work phone number. |
| **Mobile phone number:** | Click here to enter mobile phone number. |
| **Email address:** | Click here to enter email address. |
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| **SECTION 2 - QUALIFACATIONS** |
| *(Please select the appropriate boxes)* |
| [ ]  | **I am an Australian lawyer** *(please attach a copy of your admission certificate or practicing certificate)* |
|[ ]  **I have academic and professional qualifications relevant to QCAT’s jurisdiction** *(please attach copies of relevant degrees, diplomas, certificates, accreditation, etc.)* |
| [ ]  | **I have employment history and experience relevant to QCAT’s jurisdiction** *(please attach a resume (3 pages maximum) and relevant supporting documentation)* |
| [ ]  | **I am accredited as a mediator under the National Mediation Accreditation System. I was accredited on** Click here to enter date of accreditation.*(please attach copies of documentation evidencing accreditation)* |
| [ ]  | **I have other expertise relevant to QCAT’s jurisdiction, namely:***(please insert description of relevant expertise and attach relevant documentation evidencing this experience)* |
| Click here to enter text. |

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| **SECTION 3 – TYPES OF MEDIATIONS YOU WOULD BE WILLING TO CONVENE** |
|[ ]  **Building**  |  |  |
|[ ]  **Discrimination**  |  |  |
|[ ]  **Motor vehicle consumer claims**  |  |  |
|[ ]  **Body corporate disputes**  |
|[ ]  **Retail Shop Lease**  |
|[ ]  **Manufactured Homes**  |
|[ ]  **Retirement village disputes** |
|[ ]  **Elder Law**  |
|[ ]  **Neighbourhood disputes (trees)** |
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| **SECTION 4 - CHARACTER** |
| **I am of ‘good character’ as defined in S2.1 of part 2 of the *NMAS Approved Standards 2015,* as evidenced by:** |
|[ ]  **My current NMAS accreditation** *(please attach evidence of current accreditation)* |
|  | **OR** |
| [ ]  | **[*If you do not presently hold a current NMAS accreditation*]** Attached written character references from two members of the community who have known me for more than three years.*(Please attach two written character references)* |
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| **SECTION 5 – DISCLOSURE OF CHARACTER** |
| **Disclosure relevant to good character as defined by S2.1 of part 2 of *NMAS Approved Standards 2015* and relevant impairments** |
|[ ]  **I do not have any criminal convictions** |
|  | **OR** |
| [ ]  | **I disclose the following criminal convictions (*including the date and nature of those convictions, and the penalty imposed*) which may affect my capacity to discharge my obligations and functions as a Mediator in a competent, honest or professional manner or which may reduce public confidence in my capacity or good character to discharge those obligations and functions:**(*alternatively, attach a list of relevant convictions and details*) |
| Click here to enter text. |
|  | **AND** |
|[ ]  **I do not have any impairment that could influence my capacity to discharge my obligations and functions as a Mediator in a competent, honest and professional manner.** |
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| **SECTION 6 – NMAS ACCREDITATION** |
|[ ]  **I have never been refused NMAS accreditation or accreditation renewal nor had my accreditation suspended or cancelled.** |
|  | **OR** |
| [ ]  | **I have been refused NMAS accreditation / accreditation renewal or have had my NMAS accreditation suspended / cancelled as follows:** *(specify which is applicable, and state relevant dates and reasons for refusal / suspension / cancellation)* |
| Click here to enter text. |

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| **SECTION 7 – UNDERTAKINGS**  |
| **I undertake to be bound by:** |
|[ ]  **The NMAS Practice Standards 2015** |
|  | **AND** |
|[ ]  **The Mediation provisions of the *Queensland Civil and Administrative Tribunal Act* 2009 (Qld), the *Queensland Civil and Administrative Tribunal Rules* 2009 (Qld) and the *Queensland Civil and Administrative Tribunal Regulation* 2019 (Qld)** |
|  | **AND** |
|[ ]  **All QCAT Practice Directions that apply to Mediations** |
|  | **AND** |
|[ ]  **Any case specific directions / orders in matters referred by the Tribunal** |
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| **SECTION 8 – PROFESSIONAL DEVELOPMENT** |
| [ ]  | **I agree to participate, where practicable, in professional development activities offered to Mediation Panel Members by QCAT***(Please note that QCAT intends to provide a variety of professional development training that will include, where possible, capacity for remote participation by Mediation convenors, including Webinar and Skype and other online training programs)* |
|  | **AND** |
|[ ]  **I agree to read all materials provided by QCAT to Mediators** |
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| **SECTION 9 – REGIONAL WORK** |
|[ ]  **I am regionally based in:** | Click here to enter text. |
|  | **AND** |
|[ ]  **I am willing to undertake work in the following regions:** |
| Click here to enter text. |
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| **SECTION 10 – RATES**  |
| **My rates (GST inclusive), if I am appointed to QCAT Mediation Panel, will be:***(e.g. this may include different* *rates for different types of ADR, and could include hourly rates, daily or half / part day rates, etc)* |
| Click here to enter text. |
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| **SECTION 11 – CONSENT TO PUBLICATION** |
|[ ]  **I agree to have my contact details, qualifications and rates published by QCAT** |
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| **SECTION 12 – MEDIATION FACILITIES** |
|[ ]  **I can provide a venue for Mediations I am appointed to conduct, and the cost of this venue is included in my specified rate** |

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| **SECTION 13 – DECLARATION**  |
|[ ]  **I declare that the information and particulars in this application and attachments are accurate and complete** *(please refer to attachments ‘checklist’)* |
| **Declaration signature** |
| **Name of signatory:** |
| Click here to enter name. |
| X |
| Click here to select date of signing. |
|  |
| **CHECKLIST OF DOCUMENTS ATTACHED, WHERE APPLICABLE** |
|[ ]  **Copy of admission certificate or practising certificate as an Australian Lawyer** |
|[ ]  **Copies of degrees, diplomas, certificates, accreditation relevant to QCAT’s jurisdiction** |
|[ ]  **Resume and documentation supporting employment history and experience** |
|[ ]  **Copy of document evidencing NMAS accreditation** |
|[ ]  **Copies of other documents evidencing expertise relevant to QCAT jurisdiction** |
|[ ]  **Copy of Criminal History or list of relevant criminal convictions (including date and nature of conviction and penalty imposed)** |
|[ ]  **Two (2) written character references (where applicant does not hold current NMAS accreditation)** |
|[ ]  **Copy of my certificate of insurance for Professional Indemnity cover** |
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| **PROCEDURE FOR SUBMISSION** |
| Please submit this form addressed to the Principal Registrar of QCAT: |
| In Person: | By Post: | By Email: |
| **QCAT**Level 11259 Queen StreetBRISBANE QLD 4000 | **The Principal Registrar**QCAT RegistryGPO Box 1639BRISBANE QLD 4001 | **QCAT Mediator Panel****QCATTribunal.Appointments@justice.qld.gov.au** |