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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. | | | |
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| **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 11  259 Queen Street  BRISBANE QLD 4000 | | **The Principal Registrar**  QCAT Registry  GPO Box 1639  BRISBANE QLD 4001 | **QCAT Mediator Panel**  [**QCATTribunal.Appointments@justice.qld.gov.au**](mailto:QCATTribunal.Appointments@justice.qld.gov.au) |