Application for Accreditation as a
Family Dispute Resolution Practitioner

For assistance with completing this application form, please refer to:

- The Fact Sheet on Accreditation as a Family Dispute Resolution Practitioner (available from: www.ag.gov.au/fdrproviders)

For details about how your information will be collected, used and stored, please refer to:


Please send your completed application by email to: fdrregistration@ag.gov.au (preferred) or by post to:

Practitioner Accreditation Unit
Family Law Branch
Attorney-General's Department
3-5 National Circuit
BARTON ACT 2600

Before lodging your application, please include the following:

- Working with Children Check(s) if applicable to your intended FDR service
- A current National Police Check (not older than 4 months)
- Appropriate Qualifications and Competencies
- Suitable Complaints Mechanism(s) (ie: membership or employment evidence)
- Professional Indemnity Insurance cover to provide FDR services (unless applying for Conditional accreditation)
- Please ensure you sign and date Section H of the application form and complete the Declaration at the end of the form
- If your documents are in different names, please provide official evidence of the name change

Applications will be processed in order of receipt. Incomplete applications will be placed on hold until all evidence to support the application is provided.

Please allow 28 days for responses to correspondence.

Instructions for use:
If typing text directly into this form, please limit text to size of box provided.

To use the checkboxes in the form, double click the appropriate box and change the ‘Default Value’ to ‘Checked’.

This document can be electronically signed, by typing your name into the signature box, provided the completed application and supporting documents are emailed from an email address you specify in Section A.
### Section A - Name and Personal Contact Details

1. **Title:**  
   - Dr [ ]  
   - Prof [ ]  
   - Mr [ ]  
   - Mrs [ ]  
   - Ms [ ]  
   - Miss [ ]  
   - Other: [ ]

2. **First name(s):**

3. **Middle name(s):**

4. **Family name:**

5. **Postal address:**  
   - **State:**  
   - **Post code:**

6. **Phone number(s):**  
   - Landline number:
   - Mobile number:

7. **Email address(es):**  
   - Home email:
   - Work email:

8. **Date of Birth:**  
   - Day [ ]  
   - Month [ ]  
   - Year [ ]

9. **Gender:**  
   - Male [ ]  
   - Female [ ]  
   - Other [ ]

### Section B - Child-related Employment

FDR practitioners may choose to provide child-inclusive services to assist with resolving disputes. This type of service may require the practitioner to obtain a working with children’s check, depending on the requirements in the relevant States or Territories. Please check your requirements in the State/Territory you intend to provide services, including if you are providing an online or phone service.

10. **Are you prohibited under the law of a State or Territory from being employed in child-related employment or working with children?**  
    - Yes (You are not eligible for accreditation as an FDR practitioner)  
    - No

11. **Have you complied with the requirements of the applicable law in the State(s) and/or Territory(s) in which you will provide FDR services, in relation to employment of persons in child-related employment or working with children?**  
    - Yes and **attached** is evidence of a working with children check for each of the States and/or Territories I will be providing FDR services where considered to be child-related employment.  
    - Or  
      - Yes, however I do not require a working with children check due to the type of FDR services being offered as it does not meet any relevant State or Territory’s definition of child-related employment.  
      - Or  
        - No - State why not in a separate document.
Section C - Criminal Convictions

12. Have you been convicted of an offence involving violence to a person?
   □ Yes (You are not eligible for accreditation as an FDR practitioner)
   □ No

13. Have you been convicted of a sex related offence, including rape, sexual assault, indecent assault, unlawful sexual acts with or upon minors, child pornography, procuring or trafficking of a child for indecent purposes or being knowingly concerned with the prostitution of a child?
   □ Yes (You are not eligible for accreditation as an FDR practitioner)
   □ No

Attach evidence of a National Police Check (not older than four months from the date you submit your application)

Section D – Registration Status

14. Have you previously applied to be an FDR practitioner?  Yes □  No □

Section E – Qualifications and Competencies

15. Please indicate how you meet the Accreditation Standards in regard to Qualifications and Competencies and attach the evidence:
   □ Full Graduate Diploma of Family Dispute Resolution or the equivalent qualification from a certified higher education provider*
      Or
   □ A higher education award (for example, law, psychology, social work, conflict management, mediation, dispute resolution or in a field or discipline relevant to the provision of FDR) and evidence of having been assessed as competent by a Registered Training Organisation against each of the six compulsory units of competency of the Graduate Diploma of Family Dispute Resolution, or completed the equivalent units certified by a higher education provider*
      Or
   □ Current accreditation under the National Mediator Accreditation System** and having been assessed as competent by a Registered Training Organisation against each of the six compulsory units of competency of the Graduate Diploma of Family Dispute Resolution, or completed the equivalent units certified by a higher education provider*
      Or
   □ Inclusion on the FDR Register on 30 June 2009 and having been assessed as competent prior to 1 July 2011 by a Registered Training Organisation against the three specified units of competency of the (then Vocational) Graduate Diploma of Family Dispute Resolution, or completed the equivalent units certified by a higher education provider*

*The list of certified higher education providers is available at www.ag.gov.au/fdrproviders
**If accredited on this basis, NMAS accreditation must be maintained in order to retain FDR accreditation
Section F – Complaints Mechanism

FDR practitioners are obligated to provide information about their complaints mechanism to their clients prior to an FDR session. They also must maintain their complaints mechanism in order to continually meet the accreditation criteria.

Practitioners should establish an internal complaints handling process for their clients to raise concerns about the FDR service they provide, as well as have an independent third party that can handle complaints about FDR services.

The FDR Register must hold information about each ‘outlet’ practitioners provide services through. Practitioners may have multiple ‘outlets’ on their records. For example, if providing private FDR services, a practitioner’s records must reflect the body that deals with any complaints about that FDR service and if employed by an organisation funded by the Government, or on a panel of FDR providers, this information must be recorded in their ‘outlet’ information.

16. Indicate which complaints mechanism(s) you will be using for your FDR service:

☐ As an employee or panel member of an organisation funded by the Government to provide FDR services.

Indicate below, the name of the organisation(s) you are employed by or are a panel member of:

Please attach evidence of your employment or inclusion on a panel to provide FDR services, or arrange confirmation from your manager to be sent by email to: fdrregistration@ag.gov.au

AND/OR

☐ Through membership of a professional association able to consider complaints about an FDR service you provide.

Indicate below, the name of the professional association you are a member of:

Please attach evidence of your membership of a suitable professional association – please note, ‘suitability’ is determined by the Practitioner Accreditation Unit.

AND/OR

☐ Through a statutory body established by the Australian or a State or Territory Government that provides FDR services.

Indicate below, the name of the body you are a member of:

Please attach evidence of your employment or arrange confirmation from your manager to be sent to fdrregistration@ag.gov.au
Section G - Professional Indemnity Insurance

Being covered by Professional Indemnity Insurance to provide FDR services is a condition imposed on all FDR practitioners. Insurance cover can be provided through employment or established through a policy arranged through an insurance provider.

If an applicant is not covered by an insurance policy at the time of accreditation and they meet the Accreditation Standards in all other ways, the applicant may be eligible for conditional accreditation.

17. Indicate the type of insurance you have for your FDR service:
   - [ ] As an employee or panel member of an organisation funded by the Government to provide FDR.  
     Please attach evidence of your employment or arrange confirmation from your manager to be sent by email to: fdrregistration@ag.gov.au
   AND/OR
   - [ ] Through a policy of Professional Indemnity Insurance established through membership with an insurance provider.  
     Please attach evidence of your certificate of currency
   AND/OR
   - [ ] Through a statutory body established by the Australian or a State or Territory Government.  
     Please attach evidence of your employment or arrange confirmation from your manager to be sent to fdrregistration@ag.gov.au
   OR
   - [ ] I do not yet have Professional Indemnity Insurance and wish apply for Conditional Accreditation.

Section H – Signature

Signature

Date

If you require assistance with your application or clarification regarding the evidence needed to meet the Accreditation Criteria to be an FDR practitioner, you can contact the Practitioner Accreditation Unit:

   By phone: 1800 025 255
   By email: fdrregistration@ag.gov.au

Any future changes to your details should be made by email to: fdrregistration@ag.gov.au
Public Availability (Optional)

Accredited FDR practitioners may wish to make information about their services available to members of the public through the public FDR Register at: www.fdrr.ag.gov.au

Details about practitioners who provide services on behalf of a Government-funded organisation will not be publicly available for that service.

Do you agree to the items identified in this section with the symbol ‘☑’ being made publicly available?

☐ Yes (please complete all questions in this section of the form)
☐ No (do not complete the rest of this section – go to the Declaration page at the end of this form)

Complaints mechanism and Professional Indemnity Insurance details

Provide the name of the professional association that will consider complaints about FDR services you provide.

Attach evidence of your current membership of this professional association.

Provide the name of the insurance provider you have arranged for your FDR services.

Attach evidence of your insurance cover, for example a Certificate of Currency.

Outlet contact details ☐

1. Business/practice name: (this will appear as: ‘Practitioner’s name - Business name’):

Practitioners may opt to arrange suitable venues to meet client’s needs in various locations and therefore may not have a ‘physical’ address, or may not wish to make their physical address known until a client is engaged. In these circumstances ‘rooms to be arranged’ is recommended.

2. Physical address:

3. Business contacts (provide as applicable)

   Landline:
   Mobile:
   Toll free number:
   Email:
   Web address:
Type of FDR service ✗ (details of any non-FDR services will not appear publicly)

For Questions 4, 5 & 6, multiple boxes may be selected

4. Which of the client groups listed below do you intend to provide FDR services to?
   - Families and Children
   - Extended Families
   - Adult family members
   - Other, please specify: [Blank Box]

5. In which of the following areas do you provide services?
   - Indigenous service
   - Property
   - Family separation
   - Legally assisted negotiations
   - Parenting arrangements
   - Culturally specific services, please specify: [Blank Box]
   - Child support disputes
   - Cases involving high conflict
   - Other, please specify: [Blank Box]

6. How are you able to deliver your services to clients?
   - Face to Face
   - Online/Video conferencing
   - Telephone
   - Shuttle mediation
   - Other, please specify: [Blank Box]

Outlet access details ✗

7. Opening hours (please indicate which days you are available to offer FDR services and your hours of operation and/or indicate you are available by appointment on a particular day)

<table>
<thead>
<tr>
<th>Day</th>
<th>Open time</th>
<th>Close time</th>
<th>By appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>[Blank Box]</td>
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</tbody>
</table>
8. Service coverage (you can specify up to 30 locations you would reasonably expect your clients to travel from, or you would travel to, to provide your FDR service):

<table>
<thead>
<tr>
<th>Location 1</th>
<th>Location 2</th>
<th>Location 3</th>
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</thead>
</table>

Please note: priority in the search result is given to specifically listed locations/towns over more broadly specified States or Territories. For example, ‘NSW’ will appear lower in the search results to ‘Sydney’.

9. Is there wheelchair access at this outlet? □ Yes □ No

10. Is childcare available at this outlet? □ Yes □ No

11. Could an interpreter be made available? □ Yes □ No

12. Is there parking available at this outlet? □ Yes □ No

13. Is there a bus stop within walking distance? □ Yes □ No

14. Is there a taxi rank within walking distance? □ Yes □ No

15. Is this outlet accessible by train? □ Yes □ No

16. Is this outlet accessible by tram? □ Yes □ No

17. How are services charged at this outlet? (Select one only) □ Free □ Charged □ Free and Charged

If there is a cost associated with the service, please provide details. Include as much information as practicable (eg. there may be a sliding cost scale depending on ability to pay).

18. Cost information:

<table>
<thead>
<tr>
<th>Description 1</th>
<th>Cost 1</th>
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<tr>
<td>Description 2</td>
<td>Cost 2</td>
</tr>
<tr>
<td>Description 3</td>
<td>Cost 3</td>
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Declaration and consent

I declare the following:

(1) To the best of my knowledge, the information included in my Application for Accreditation as a Family Dispute Resolution Practitioner, is true and complete.

(2) Where I have provided copies of evidence or documentation in support of my application, those documents are true copies of the originals.

(3) I have the appropriate personal qualities to perform the functions and duties of a Family Dispute Resolution Practitioner.

(4) I am of good character and I have not engaged in conduct that is likely to bring family dispute resolution into disrepute. (Examples include, having an appropriate standing in the community, being of good fame and character, being regarded as honest and fair, and not engaging in conduct that would negatively impact on the public reputation of Family Dispute Resolution Practitioners.)

(5) I have provided all material information relevant to being an accredited Family Dispute Resolution Practitioner.

(6) Once accredited, I accept that my accreditation may be suspended or cancelled if I am found to be in breach of any obligation imposed on accredited Family Dispute Resolution Practitioners.

I consent to the Practitioner Accreditation Unit verifying any information, documents or other matters I have provided in or with my Application for Accreditation as a Family Dispute Resolution Practitioner.

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<th>Name:</th>
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<tr>
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