## Application form

## Accreditation as a Mediator

Farm Debt Mediation Act 2024 (TAS)

Applicant information		
Name:		
ABN:		
Postal address:		
Address of mediation practice (if different to above):		
Email address:		
Phone number:		
Details of your accreditation	under the Mediator Accreditation System	
Name on register of nationally accredited mediators:		
Reference number:		
Contact details for your reco	nised mediator accreditation body/recognised accreditation provider	
Company name:		
ABN:		
Address:		
Email address:		
Phone number:		
Other accreditation and quali	fications	
Other accreditation panels you are serving on (if any):		
Education and professional qualification		



	Notifiable events declaration				No
Have you had a conviction, other than a spent conviction, for an offence that is relevant to the functions of a mediator?					
Is your property subject to a bankruptcy petition presented by any person or under the control of Division 2 of Part X of the <i>Bankruptcy Act 1966 (Cth)</i> ?  If your practice is structured as a corporation, is it an externally administered corporation within the meaning of the <i>Corporations Act 2001 (Cth)</i> ?					
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Please p	provide the location(s) w	here you provide mediation	services:		
∆reas of	f expertise				
	f expertise	voortige below (tiek relevent h	eavea):		
	-	xpertise below (tick relevant b	poxes):		
	-	opertise below (tick relevant b	poxes):		
	ndicate your areas of ex		·		
	Accountancy	Family	Tort		
	Accountancy Administrative	Family Finance	Tort Trade		
	Accountancy Administrative Banking	Family Finance Property	Tort  Trade  Practices		
	Accountancy Administrative Banking Commercial	Family Finance Property Resources	Tort  Trade  Practices  Trusts		

Please provide an overview of your affinity, knowledge or practical experience with primary industries, natural resource management, banking, finance, farm or financial management, family conflict or associated areas:

Are you able to carry out the functions of a mediator as set out in the Farm Debt Mediation Act 2024, and have an ability to produce a Mediation Agreement during or within 24 hours of the mediation? Yes No Number of mediations as a mediator: Number of mediations as an advisor: Number of mediations as a Co-Mediator: \$ Hourly fee: Daily fee: \$ Yes Are fees negotiable? No **Diversity (optional)** Gender: Do you identify as a person with a disability? Yes No Are you from a non-English speaking background? Yes No Are you Aboriginal or Torres Strait Islander? Yes No Referees Full name:

Email:

Tas Gov	manian
Gov	ernment

Company:

Address:

Phone:

Number of years the referee has known you:

How you are known to the referee:

Full name:					
Company:					
Address:					
Number of years the referee has know	you:				
How you are known to the referee:					
Phone:	Email:				
Full name:					
Company:					
Address:					
Number of years the referee has know	you:				
How you are known to the referee:					
Phone:	Email:				
Authorisation and declaration  authorise the Department of State Growth to obtain and consider such information as considered necessary n relation to this application.  certify that all information provided by me on this form is true and accurate.					
Signed:					
Date:					
Privacy of Information					

Personal information provided on this form or obtained from any relevant person may be used by the Commissioner and its authorised representative to assess your review and in relation to the administration and management of the FDM Act.

Personal information will be managed in accordance with the Personal Information Protection Act 2004.

## **Lodgement of Applications**

Applications should be lodged with the Department of State Growth by email at:

FDMTasmania@stategrowth.tas.gov.au

