



Application for Accreditation to the LEADR Panel of Mediators

Accreditation is a process where, following training, the key skills and attributes of a mediator are displayed in a role play which is video taped. The video is then assessed against the criteria of performance defined in the LEADR Accreditation Scheme.

I wish to be accredited by LEADR as a mediator. I submit the following information to the Accreditation Committee in support of my application.

If accredited, I agree to be bound by LEADR's Accreditation Scheme and LEADR's Standards of Ethics as amended from time to time. If my application is successful, I request that the information be entered onto LEADR's data base so that it may be furnished to anyone seeking information on mediators. I acknowledge that it is my responsibility to advise LEADR of changes to this information.

I confirm that I am not aware of any undisclosed, adverse circumstances relevant to my application and appointment as an accredited mediator, and that should such circumstances eventuate I will immediately disclose them to LEADR.

Name _____

Firm/Organisation _____

Address _____

Telephone _____ **Email** _____

Occupation _____

General qualifications (courses and dates) _____

I confirm that I have met the criteria for assessment for accreditation as below (tick relevant qualifying criteria)

- a. attendance at a LEADR four day Mediation Workshop
- b. attendance at a training programme developed through a recognised institution of higher learning which addressed both the theory and practice of mediation;
- c. a proven history in the field of mediation and consensual dispute resolution.

N.B. If applying through (b) or (c) please provide specific details of course curricula and/or work experience including references where possible. Applications for accreditation will be considered by the Accreditation Committee.

I attach a registration form for assessment.

Signed

Date

The following are areas in which I am able to provide specialist mediation services:

<input type="checkbox"/> Accountancy	<input type="checkbox"/> Defamation	<input type="checkbox"/> Industrial relations	<input type="checkbox"/> Native title	<input type="checkbox"/> Taxation
<input type="checkbox"/> Administrative	<input type="checkbox"/> Employment	<input type="checkbox"/> Information Technol.	<input type="checkbox"/> Personal injury	<input type="checkbox"/> Tort
<input type="checkbox"/> Architecture	<input type="checkbox"/> Engineering	<input type="checkbox"/> Insurance	<input type="checkbox"/> Privacy	<input type="checkbox"/> Trade practices
<input type="checkbox"/> Banking	<input type="checkbox"/> Environment	<input type="checkbox"/> Intellectual property	<input type="checkbox"/> Product liability	<input type="checkbox"/> Trusts
<input type="checkbox"/> Commercial	<input type="checkbox"/> Family	<input type="checkbox"/> Local government	<input type="checkbox"/> Professional neg.	<input type="checkbox"/> Workplace
<input type="checkbox"/> Construction	<input type="checkbox"/> Family provision	<input type="checkbox"/> Maritime	<input type="checkbox"/> Property	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Contract	<input type="checkbox"/> Finance	<input type="checkbox"/> Media	<input type="checkbox"/> Resources	
<input type="checkbox"/> Copyright	<input type="checkbox"/> Franchising	<input type="checkbox"/> Medical	<input type="checkbox"/> Securities	
<input type="checkbox"/> Corporate	<input type="checkbox"/> Immigration	<input type="checkbox"/> Mining	<input type="checkbox"/> Succession	

Number of mediations* as mediator _____

Number of mediations* assisting party _____
 • using 6.5 hours as approximate calculation per mediation

Mediator's fee (per hour and per day) _____



GST Registration No. 63-674-966

Assessment

Assessment days are scheduled in order to assist members to successfully complete the requirements for accreditation in accordance with the Scheme for Accreditation of Mediators effective 1 July 2002.

Acceptance for Assessment

Candidates will be accepted for assessment provided they have completed a workshop included in the register of workshops approved by the Accreditation Committee as providing an adequate standard of training for the ADR process in respect of which accreditation is sought.

Assessment Procedure

LEADR assessment involves:

- Participation in a simulated role-play (of not less than 1.5 hours duration) which will be videoed and reviewed - or observed - by one or more assessor approved by the Accreditation Committee
- Satisfactory demonstration of an understanding of the ADR process and of the skills required of a newly trained practitioner in that process.
- Compliance with all other requirements specified in the LEADR Scheme for Accreditation of ADR practitioners effective 1 July 2002.

Cost: NZ\$444.40 (including GST of \$49.40)
See overleaf for registration form

Assessment Registration

TAX INVOICE GST Registration No. 63-674-966

26 November 2005 – Auckland
6 May 2006 – Auckland
29 July 2006 – Wellington LEADR Office
14 October 2006 – Location to be advised
2 December 2006 - Auckland
Other Centres by Arrangement – Contact LEADR Office

COST: \$444.40 (including GST of \$49.40)

PLEASE NOTE: Assessments will be held in 3 sessions of 1.5 - 2 hours duration each. Candidates need only complete one session. Please indicate your preferences on the form below:

Session 1: 8.45 am – 10.45 am
Session 2: 11.15 am – 1.15 pm
Session 3: 2.00 pm – 4.00 pm

Session (in order of preference 1-3) _____

REGISTRATION FORM - ASSESSMENT DAY

Candidate _____

Firm/Organisation _____

Address _____

Email _____ Mobile _____

Telephone Landline: _____ Facsimile: _____

Please register me as a candidate for the Assessment Day to be held in

_____ on _____.

NOTE: If cancellation in writing is received by LEADR NZ 21 days prior to the assessment date, a refund (less \$100 administration fee) will be given. No refunds can be given if less than 21 days notice of cancellation is received. Transfers incur a fee of \$100.00 + GST.

Return your completed form and assessment fee to:

LEADR NZ, PO Box 10-991, Wellington, New Zealand
Phone 04 470 0110, Fax 470 0111, Email leadrnz@xtra.co.nz