

APPLICATION FORM

Please read the document <u>Guide to Application for Appointment as an NZLS Approved FDR Provider</u> to assist in your application.

APPLICATION FO	R A	APPOINTMENT	AS	AN	NZLS	APPROVED	FDR
PROVIDER							

Full name						
NZLS Lawyer ID						
Telephone Email						
Geographic area in which you practise						
Ethnicity* Date of Birth* Gender*						
*This information is required by ADROs for Ministry of Justice reporting purposes.						
QUALIFYING CRITERIA						
(a) Membership of NZLS Panel of Mediators - Family Specialist Are you an existing member of the NZLS Panel of Mediators - Family Specialist?	○ Yes	O No				
If no, membership of the NZLS Panel of Mediators – Family Specialist is the gateway to FDR provider appointment so you will also need to complete an <u>Application for Membership of and Accreditation to the NZLS Panel of Mediators – Family Specialist</u> and submit it with this form.						
(b) Mediation experience Have you conducted at least three mediations as the mediator or co-mediator in any context?	○ Yes	O No				
If yes, please provide details of these mediations in your response to question 2 below.						
If no, before completing this application please <u>consult our website</u> for suggested pathways to gaining this experience.						
(c) Additional training/education (i) Have you completed the NZLS CLE Ltd webinar on the new Family Justice System?	○ Yes	O No				
If no, you will need to access and complete the archived version of the webinar on the NZLS CLE Ltd website before your application can be finalised.						
(ii) Have you completed the NZLS CLE FDR Training for Mediators, or an approved equivalent*?	○ Yes	O No				
If no, you will need to complete the NZLS CLE Ltd FDR webinar (available online from 18 July 2014) before your applications and the complete the NZLS CLE Ltd FDR webinar (available online from 18 July 2014) before your applications.	on can be fina	alised.				
*Please refer to the application guide for details on equivalent training options. You will need to attach a certificate of completion from the alternative training provider.						
MEDIATION EXPERIENCE						
Please attach a brief (500 word) description (including specific examples) of your recent professional experience of mediation, particularly in the family context if possible. You can include other dispute resolution experience if you wish.						
SPECIALIST SKILLS						
Are you proficient in any languages other than English?	○ Yes	○ No				
If yes, please list below:						
Please detail your experience and/or education in tikanga Māori and cultural awareness: (Please continue on a separate sheet if necessary)						



APPLICATION FORM

Please detail your experience in addressing diversity in mediation (including an example): (Please continue on a separate sheet if necessary)				
PROFESSIONAL SUPERVISION				
Have you read the NZLS Guidelines on Supervision for Mediators?	○ Yes ○ No			
Do you have arrangements in place for regular professional supervision?	○ Yes ○ No			
If yes, please provide details of your professional supervision				
If no , please note this is a requirement for providing FDR services in the Family Court and w first FDR assignment. All FDR providers will be required to make a declaration each year conf supervision arrangements in place.	ill need to be in place before you accept your			
REFEREES				
Please provide the name and contact details of two independent referees who the NZLS may coapplication (such as counsel for parties or lawyer for child in mediations with which you have re				
Reference One				
Name				
Relationship to applicant:				
Phone:				
Email:				
Reference Two				
Name				
Relationship to applicant:				
Phone:				
Email:				
CONSENT TO DISCLOSURE OF INFORMATION				
I consent to being listed in the FLS/NZLS website directory as an FDR provider*	○ Yes			
I consent to being listed on the Ministry of Justice website as an FDR provider*	○ Yes			
*This is required by the Ministry of Justice				
APPOINTMENT/APPLICATION TO ANOTHER ADR	20			
Are you currently an FDR provider appointed by another ADRO?	○ Yes ○ No			
If yes, which ADRO?	O AMINZ O LEADR			
If no, have you applied for appointment with another ADRO?	O PENDING O Yes O No			
If yes or pending, which ADRO?	○ AMINZ ○ LEADR			



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B DECLARATION

I declare that:							
(a)	The information I have provided in this application form is true and correct.						
(b)	I have read and understand the NZLS Guidelines for Mediators (available on the FLS website).						
Signature:		Date:					

Privacy Act 1993

By completing this form you agree that the information provided will be used and held by the Law Society to:

- Process and assess this application
- Maintain a public register of FDR Providers
- Carry out its various regulatory functions under the Lawyers and Conveyancers Act 2006, and including its functions as an Approved Dispute Resolution Organisation under the Family Dispute Resolution Regulations 2013."

The information will not be disclosed or made public other than in accordance with the Privacy Act, the Family Dispute Resolution Regulations 2013 or as otherwise required or permitted by law. A copy of the Law Society's Privacy Policy is available at www.lawsociety.org.nz/about-nzls/privacy-copyright-and-disclaimer