BOND UNIVERSITY
DISPUTE RESOLUTION CENTRE

MEDIATOR ASSESSMENT COURSE

FACULTY OF LAW

5-6 OCTOBER 2012

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Legal Skills Building, Faculty of Law, Bond University

Day 1 –
Role Play Practice and Feedback (8.30am-6pm)

Day 2 –
Formal Assessment Role Plays (8.30am – 5.15pm)

GOALS:

- To provide a 5th day of role play practice, and a 6th day of formal assessment which will thereby satisfy the current National Accreditation rules for mediators of September 2007 for people who have satisfied at least the first four days of mediation training required by those rules.
- To give people confidence by having a day of practice and feedback; before the day of formal assessment.
- To enable registrants to choose either (a) Family Stream or (b) General Stream on these two days.
- To provide continuing professional development.

More information on the model and skills of mediation being assessed can be found in the National Accreditation Standards — http://www.bond.edu.au/faculties-colleges/dispute-resolution/accreditation/index.htm

PRICE

$1595.00 (inc $145.00 GST) per person.

This fee includes course materials, lunch and morning and afternoon tea, DVDs.

CERTIFICATION

A Certificate of Attendance will be awarded upon completion of the course; plus written feedback; plus a Certificate of Mediator Competence for successful registrants.

ACCOMMODATION

The Chancellor Apartments
19 Lake Street, Varsity
Lakes QLD 4227
Phone: 07 5553 6500 Fax: 07 5553 6599
Email: info@thechancellor.com.au
Web: www.thechancellor.com.au

Chancellor Lakeside
1-7 Moores Crescent,
Varsity Lakes Qld 4227
Phone: 07 55035900 Fax: 07 55035999 Email: info@chancellorlakeside.com.au
Web: http://www.chancellorlakeside.com.au/index.php

PLEASE COMPLETE AND RETURN WITH REGISTRATION FORM

SPECIALTY STREAM

I am seeking –

☐ National Mediator Accreditation
(ie assessed in general role play)

AND/OR

☐ Family Dispute Resolution Practitioner Accreditation
(further 5 day course to complete)
(ie assessed in family role play)

What mediation training courses have you attended in the last 9 months?

Name of course

_____

_____

Place

_____

_____

Date

_____

Duration

_____

Did this course(s) satisfy National Accreditation course requirements?

Yes ☐ No ☐ Uncertain ☐

NB EACH registration is provisional until you are notified that TWO more registrants have followed.

CANCELLATION

There is a restriction on numbers at all Dispute Resolution Centre training workshops. Most courses are filled quickly. Registrations are accepted only if and when payment is actually received. The Centre reserves the right to cancel courses where there are insufficient enrolments. A 50% cancellation fee will be applied when participants cancel workshop reservations fewer than 15 business days prior to the beginning of a workshop. If 5 working days or less is given, then no refund will be given. If a course is altered, cancelled, or attendance quotas changed, DRC cannot be responsible for non-refundable travel and accommodation arrangements.

DRC Website

http://www.bond.edu.au/faculties-colleges/dispute-resolution/index.htm

BOND UNIVERSITY
Faculty of Law
Bond University Gold Coast Queensland 4229
ABN 88 010 694 121
Phone: 07 5595 2039
Email: drc@bond.edu.au

BOND UNIVERSITY
DISPUTE RESOLUTION CENTRE

Registration Form and Tax Invoice

Please return registration form and payment to:
The Administrator, Dispute Resolution Centre
Faculty of Law
Bond University
Queensland 4229

This document will become a Tax Invoice for GST purposes when you make full payment. Please ensure you retain the original copy for your records and as your receipt. All prices inclusive of GST.

Event:	Date of event:

Participant Details		
First name:		Date:
Surname:		___/___/___
Address:		
City / suburb:	State:	Postcode:
Phone:	Mobile:	
Email:		
Special requirements: (mobility, hearing, diet)		

Cost			
Full payment: $ (GST inclusive)			
☐ Cheque (please make payable to Bond University) ☐ Direct deposit (please request bank details if using this option) Or please charge my:			
☐ MasterCard	☐ Visa	☐ Amex	
Number: _____ _____ _____ _____		Cardholder's name:	
Signature:		Expiry date: ___/___	CCV No: (3 digit) _____
Office Use Only			
Cost centre: ledger		Cost code	