Farm Business Debt Mediation Unit Queensland Rural and Industry Development Authority (QRIDA) GPO Box 211 Brisbane Qld 4001 Freecall: 1800 623 946 F: 07 3032 0300 E: contact\_fbdm@qrida.qld.gov.au qrida.qld.gov.au/programs-services/farm-debt-services

OFFICE USE ONLY Application Number:

F646 v2

## Form 6 Application for Re-accreditation as a Mediator

This is an approved form authorised by the Queensland Rural and Industry Development Authority (QRIDA) under sections 48 and 90 of the *Farm Business Debt Mediation Act 2017* (Qld) (the Act).

## Applicant details:

Name		
Busine	ess name	
Accrec	itation Number	
Compl	ete only if details have changed:	
ABN		
Qualif	cations	
Servic	e Address	
Town	State	Post Code
Phone	Mobile Fax	
Email	Address	
The ap	plication must be made within 40 business days before the term of accreditation ends.	
	o you remain an accredited mediator under an accredited act or the national mediator creditation system?	Yes 🗌 No 🗌
• C	onfirm Membership No Membership Organisation	
Since	the date of original accreditation or re-accreditation has the following occurred?	
	ave you been refused accreditation as a mediator under this Act, an accreditation Act or the ational mediator accreditation system?	Yes 🗌 No 🗌
	ave you held accreditation as a mediator that was suspended or cancelled under the Act, an acreditation Act or the national mediator accreditation system?	Yes 🗌 No 🗌
	ave you had a conviction, other than a spent conviction, for an offence that is relevant to the nctions of a mediator?	Yes 🗌 No 🗌
	e you an insolvent under administration under the <i>Corporations Act</i> , section 9; or an officer of Chapter 5 body corporate within the meaning of the <i>Corporations Act</i> , section 9?	Yes 🗌 No 🗌



•	Detail your	<sup>k</sup> nowledge	about and	experience	in n	nediation	generally.
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If relevant please also detail knowledge about and experience in primary industries, business finance and financial management:

## Authorisation

I hereby authorise QRIDA to obtain and disclose such information as considered necessary in relation to this application. I certify that all the information provided in the whole of this application is true and accurate.

Applicant's Signature		Date:	//	/
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## **Privacy information**

Personal information provided on this form or obtained from any Relevant Person may be used by QRIDA or state government agencies and their authorised representatives to assess your eligibility for the above mediation accreditation and in relation to the administration and management of the Act. More information about our privacy policy is available atqrida.qld.gov.au

Authority use only:					
•	Consulted with 1 organisation that represents the interests of the farmers	Yes 🗌	No 🗌		
•	Consulted with 1 organisation that represents the interest of the banks or other entities that provide finance to Queensland farmers	Yes	No		
•	Require the applicant to provide more information to support the application	Yes	No 🗌		
	If Yes, request for further information sent (provide 20 business days for response)	Yes 🗌	No 🗌		
•	Applicant is considered a suitable person to be accredited as a mediator	Yes 🗌	No 🗌		