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| Application for Re-grading as Arbitrator  |  |

N.B: Applicants should familiarise themselves with Resolution Institute’s policies in relation to grading of arbitrators

Please attach extra pages if you feel they are necessary.

Personal Details

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|  |
| Name   |

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|  |
| Mailing address  |

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| --- | --- |
|  |  |
| Telephone  | Facsimile |

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| --- |
|  |
| Email  |

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| --- |
|  |
| Date of Birth   |

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| --- |
|  |
| Profession or Occupation   |

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| --- |
|  |
| Present Positions (if applicable)   |

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| --- |
|  |
| Academic and Professional Qualifications  |

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|  |
| Other  |

|  |  |
| --- | --- |
| As an Arbitrator | As a party to an Arbitration |
|  |  |

Arbitration/Mediation Experience

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| --- |
| **Arbitration/Mediation Experience** |
| As an Arbitrator/Mediator | As a party to an Arbitration/Mediation | As a pupil |
|  |  |  |
| **Relevant Professional Experience** |
| Professional experience generally, e.g. as an architect, builder, engineer, lawyer, etc | Experience in contract administration and contract documentation | Experience in conflict management procedures |
|  |  |  |
| **Experience in other ADR processes** |
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| **Experience as an Expert Witness** |
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| **Knowledge of Law and Procedures** |
| Arbitration law/ADR law | Other areas of law | Arbitration Procedures |
|  |  |  |

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| **Experience as a court-appointed Expert or Referee** |
|  |
| **Experience as an Expert Witness (Arbitration Grading only)** |

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| **Dates of Relevant Courses Attended** |
| Title of Course | Date | Date passed exam | Exam Result (please provide copy of Result Notice) |
|  |  |  |  |
| **Any other ADR Training** |
|  |
| **Publications** |
|  |
| **Professional Appointments (Committee, Tribunals or Panels)** |
|  |
| **Names and contact details of two (2) referees** |
|  |  |
| **Other (attach any relevant documents)** |
|  |

Declaration and Payment

I wish to be re-graded as an Arbitrator with Resolution Institute.

If re-graded I wish to be included on Resolution Institute’s published List of Arbitrators

The information provided by me in this application is true and correct. If called upon by Resolution Institute at any time, whether before or after re-grading is granted, to verify the information provided I shall provide verification and supporting documents to show that the information is true and correct.

I enclose the prescribed application fee, being $68.00 (inc. GST).

|  |  |
| --- | --- |
|  |  |
| Applicant signature | Date |

**Payment**

|  |  |
| --- | --- |
| Payment of  | **$68 for regrading fee** |
|  |
|  |  |
| Please charge my Visa/ Bankcard/ Master Card [Resolution Institute is unable to accept AMEX.] |
|  |  |
| Number |  | Expiry |  |
|  |  |
| Name on card |  | Date |  |
|  |  |
| CVV |  | Signature |  |

Please return the completed form to Resolution Institute by

E:infoaus@resolution.institute

F: **02 9251 3733**
Or to:

**Resolution Institute,**

**Level 2, 13-15 Bridge Street,**

**Suite 602, Level 6 Tower B, Zenith Centre, 821-843 Pacific Hwy
CHATSWOOD NSW 2067**