## **Queensland Rural and Industry Development Authority**

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:

F585 v2

## Form 5 Application for 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).

| Surname or company name  | Given names/s (leave blank if a company)                      |
|--|---|
|  |   |
| ABN  |   |
| Service Address  |   |
| Town   | State Post Code   |
| Authorised representative  | Contact Phone   |
| Email Address  |   |
| Are you an accredited mediator under an accredited act or the na   | tional mediator accreditation system? Yes 🗌 No 🗌              |
| Membership number  | Membership organisation                                       |
|  |   |
| Have you been refused accreditation as a mediator under this Act<br>mediator accreditation system?   | t, an accreditation Act or the national Yes 🗌 No 🗌            |
| Have you held accreditation as a mediator that was suspended o accreditation Act or the national mediator accreditation system?                    | r cancelled under this Act, an Yes No                         |
| Have you had a conviction, other than a spent conviction, for an of functions of a mediator?   | offence that is relevant to the Yes No                        |
| Are you an insolvent under administration under the <i>Corporation</i> .<br>Chapter 5 body corporate within the meaning of the <i>Corporations</i> |   |
| Detail both your knowledge about and experience in (1) primary i   | ndustries. (2) business finance and (3) financial management: |

You may also attach a resume to support the above detail. Resume provided?

Yes No



## Authorisation

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

Applicant/s Signature \_\_\_\_\_ Date: \_\_\_\_ /\_\_\_\_/

## **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 application and in relation to the administration and management of the Act. More information about our privacy policy is available at qrida.qld.gov.au