**Third Party Provider Panel (Non-Legal) Application Form**

This application form should be used by non-legal service providers who wish to be accredited and appointed to FNLRS’ Third Party Provider Panel (Non-Legal).

The purpose of the Panel is to provide high quality professional services to Victorian Traditional Owners that support:

* Native title claims and native title outcomes, including those under the Native Title Act and the Victorian Traditional Owner Settlement Act; and
* Dispute resolution within and between Traditional Owner groups.

Individuals appointed to the Panel will be eligible for funding on a third party basis to provide support to Victorian Traditional Owner groups subject to satisfaction of FNLRS’ *Guidelines for Assistance to Native Title Groups*.

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| **Contact details** |
| **Title** |  |
| **Full name** |  |
| **Preferred name** |  |
| **Preferred gender pronouns** |  |
| **Practice/organisation name** |  |
| **Practice/organisation postal address** |  |
| **Work landline** |  |
| **Work mobile** |  |
| **Work email** |  |
| **Experience and expertise** |
| **Qualifications** | (Please provide your qualifications or equivalent experience.)  |
| **Experience working in native title environments** | (Please summarise your relevant experience. Please provide supporting documents as appropriate.) |
| **Experience working with Traditional Owners** | (Please summarise your relevant experience. Please provide supporting documents as appropriate.) |
| **Expertise in mediation and dispute resolution** | (Please summarise your relevant expertise. Please provide supporting documents as appropriate.) |
| **Demonstrated commitment to healing informed practice** | (Please summarise your approach. Please provide supporting documents as appropriate.) |
| **Other relevant information** | (Please provide any other relevant information in support of your application.) |
| **Practice information** |
| **Fee structure** | (Please describe your fee structure.) |
| **Insurances** | I confirm that I hold all relevant professional insurances [ ]  |
| **Policies and procedures** | I confirm that my practice/organisation has in place appropriate policies and procedures, including for the management of any conflicts of interest and the management of personal and sensitive information [ ]  |
| **Third party payee arrangement confirmation** |
| **Third party payee arrangement** | I agree to enter into a third party payee arrangement [ ]  |
| **Referees** (please provide contact details of two professional referees) |
| **Referee 1** |  |
| **Referee 2** |  |
| **Declaration and signature** |
| **Declaration** | I declare that the information I have provided in this application is true and accurate [ ]  |
| **Signature** |  |
| **Date** | Click or tap to enter a date. |

Please email the completed application form to Shenali De Silva at shenali.desilva@fnlrs.com.au

FNLRS may contact you for further information regarding your application.

Applications will be assessed by a FNLRS Board sub-committee. Successful applicants will be notified by email.