

**SENATE EMPLOYMENT, WORKPLACE RELATIONS AND EDUCATION  
LEGISLATION COMMITTEE**

**2006-2007 SUPPLEMENTARY BUDGET SENATE ESTIMATES HEARING  
2<sup>ND</sup> NOVEMBER 2006**

**EMPLOYMENT AND WORKPLACE RELATIONS PORTFOLIO**

**QUESTIONS ON NOTICE**

**Outcome 2: Higher productivity, higher pay workplaces**

**Output Group 2.2: Workplace relations implementation**

**Output 2.2.3: Workplace relations services**

**Question Number: W692-07**

**Question:**

Senator Wong asked in writing: How do you become an ADRAS provider? (a) What certification if any is necessary? (b) Please table all forms regarding the ADRA scheme

**Answer:**

To become a provider under the Alternative Dispute Resolution Assistance Scheme (ADRAS), they must be a member, sessional provider, sourced panel member, employee, or legal practitioner of one of the nominated alternative dispute resolution (ADR) professional organisations, and have agreed to the *ADR Provider Terms and Conditions for Participation in ADRAS*.

The Department has signed memoranda of understanding with fifteen professional organisations representing peak ADR organisations, Law Societies and Bar Associations, to establish registers of providers under ADRAS.

- (a) Providers must comply with the certification requirements of their relevant professional organisation.
- (b) Most ADRAS forms are available at [www.workchoices.gov.au](http://www.workchoices.gov.au). The remaining forms are the *ADR Provider Agreement Form* and the *Travel Claim* form (attached).

**Estimated cost:** Based on the FOI calculator it has taken approximately 3 hours at an estimated cost of \$60 to prepare this answer.



# ADRAS Alternative Dispute Resolution Assistance Scheme

## ADR PROVIDER AGREEMENT

**Reference Number:**

### **PART A – ADR Provider Details**

<b>ADR Provider</b>	1	Business Name	<input type="text"/>
		Name of person providing ADR Services	<input type="text"/>
			<input type="text"/>
<b>Professional Organisation</b>  The ADR Provider that you agree to choose must be a member of a Professional Organisation selected by DEWR.	2	Professional Organisation Name	<input type="text"/>
		Membership Number	<input type="text"/>
		<i>Note: Member is taken to mean a member, sessional provider, sourced panel member, legal practitioner, employee, or any other ADR Provider included on a panel that is maintained by a Professional Organisation.</i>	
<b>ADR Provider Address</b>  Street address or PO Box	3	Number and Street	<input type="text"/>
			<input type="text"/>
		Suburb/City	<input type="text"/>
		State/Territory	<input type="text"/> Postcode <input type="text"/>
<b>ADR Provider Contact Details</b>	4	Business Hours Telephone	<input type="text"/>
		Mobile	<input type="text"/>
		Fax	<input type="text"/>
		Email	<input type="text"/>

### **PART B – Declaration (please read carefully before signing)**

#### **Agreement by Eligible Parties**

#### **PRIVACY NOTICE**

The Department of Employment and Workplace Relations (DEWR) manages information given by you in this application form in accordance with the *Privacy Act 1988*. It collects this information, and other information in relation to your application for the purposes of determining if you are eligible for assistance for Alternative Dispute Resolution. DEWR also uses the information for statistical research, monitoring and evaluation that may be carried out by it or by external commercial researchers.

If there are more than five parties to the dispute, please make copies of this page and complete for each further party to the dispute.

## DECLARATION BY ELIGIBLE PARTIES

1. The information provided in this form is true and correct to the best of our knowledge.
2. We declare that all parties to the dispute agree to engage the services of the ADR provider nominated above to conduct the ADR process .
3. We understand there is a cap of \$1,500 (inclusive of GST) for payment towards the costs of ADR Services per eligible dispute, plus up to an additional \$500 (inclusive of GST) available to cover the ADR provider's reasonable travel expenses under the Scheme if the Eligible Parties are located in remote or regional areas.
4. We understand that Eligible Parties to the dispute will be jointly liable for any amounts in excess of the cap of \$1,500 (including GST).
5. We acknowledge that the giving of false or misleading information is a serious offence and penalties may result.

Employer Signature

Employer RepresentativeName

Date

Employee Signature

Employee Name *(block letters)*

Date

Employee Signature

Employee Name *(block letters)*

Date

Employee Signature

Employee Name *(block letters)*

Date

Employee Signature

Employee Name *(block letters)*

Date



# ADRAS Alternative Dispute Resolution Assistance Scheme

## TRAVEL CLAIM FORM

**You should complete  
this Travel Claim  
Form if:**

- You have provided alternative dispute resolution (ADR) services to eligible parties under the Alternative Dispute Resolution Assistance Scheme (ADRAS) and
- These parties are located in a regional or remote area of Australia and
- You have incurred expenses travelling to the parties to provide the ADR services.

**Reference Number:**

### Application Details

#### ADR Provider Details

ADR Provider

Business Hours Telephone

Address (Number and Street)

(Suburb/City)

(State/Territory)

(Postcode)

Name of completing this form  
on behalf of ADR Provider

Position of person completing  
this form

#### Details of Eligible Parties

Name of

Name of Applicant (if known)

#### Location of ADR Services Provided

Address

(Suburb/City)

(State/Territory)

(Postcode)

### Itinerary

(If you need space for further items, please detail on a blank sheet and attach to this claim form)

Date	Mode (air, taxi, etc)	Origin (address, suburb/city, state, postcode)	Destination (address, suburb/city, state, postcode)	Kms Travelled

<b>Total Return Kms Travelled:</b>				

### Claimed Costs

*(If you need space for further claims, please detail on a blank sheet and attach to this claim form)*

<b>Date</b>	<b>Nature of Expenses</b> (Please attach verifying documentation eg receipts, accounts, etc)	<b>Amount</b> (inclusive of GST)
<b>Total expenses being claimed:</b> (inclusive of GST)		

### Declaration by ADR Provider

1. I am authorised to sign this declaration for, and on behalf of the ADR Provider listed on this form.
2. The information provided in this form is true and correct to the best of my knowledge.
3. I confirm that the travel expenses set out above have been incurred in the course of providing ADR services to the eligible parties.
4. I authorise and will assist the Department of Employment and Workplace Relations or its agents to make any enquiry in relation to my travel claim.
5. Where I have not provided information in relation to my travel claim, I accept and agree that the Department of Employment and Workplace Relations will rely on the information provided by me as the basis for determining my claim, and if information requested is not provided it may result in my claim being denied.
6. I understand that there is a Travel Cap of \$500 (GST inclusive) in relation to travel claims under ADRAS.
7. I understand that the determination of the reasonableness of expenses claimed, the reimbursement of the

travel expenses, and the adequacy of verifying documentation is at the discretion of DEWR.

8. I acknowledge that the giving of false or misleading information is a serious offence under the *Criminal Code Act 1995* (Commonwealth) and penalties may result.

Signature of person completing this  
form on behalf of ADR provider

/ /

Date