



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*.

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 <input type="checkbox"/>
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 <input type="checkbox"/>
Third party payee arrangement confirmation	



Third party payee arrangement	I agree to enter into a third party payee arrangement <input type="checkbox"/>
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 <input type="checkbox"/>
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.