



Application for Mediation

Under the Fair Trading (Retirement Villages Interim Code) Regulations 2019

Please print within the boxes using BLOCK LETTERS and tick where required.

1. Applicant's details

(1st Party)

Your Name: (Individual or corporation)	
Name of contact person: (if corporation)	
Address:	
Suburb:	Postcode:
Daytime Phone Number:	Mobile:
Email:	

2. Are you applying as?

<p>a resident</p> <p>a resident's guardian (attach a copy of your appointment as guardian)</p> <p>a resident's representative (attach a copy of your appointment as guardian)</p> <p>an administering body</p> <p>other (please specify)</p>

3. Who is your dispute with?

(2nd Party)

Name: (Individual or corporation)	
Name of contact person: (if corporation)	
Address:	
Suburb:	Postcode:
Daytime Phone Number:	Mobile:
Email:	

4. Is the individual or corporation named in Question 3?

<p>a resident</p> <p>an administering body</p> <p>other (please specify)</p>

5. Do you need an interpreter?

No	Yes	If Yes, what language?
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6. Have you tried to resolve the dispute by using the village dispute process?

No	Yes	If Yes, what was the outcome?
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You may attach copies of documents that are relevant to the dispute.

7. What are your reasons for requesting this mediation?

[Empty text box for question 7]

8. What result(s) do you want from this mediation?

[Empty text box for question 8]

NOTE: If you need more space than is available on these pages to provide all the information required by Questions 6, 7 and 8, you may attach additional pages to this application form.

9. Have you discussed the possibility of mediation with the other party?

No	Yes		
		If Yes, have they indicated their willingness to participate in mediation?	No Yes

Applicant's acknowledgment and signature:

I acknowledge that a copy of the application form as well as any attachments will be provided to the other party to the dispute as part of this process.

Your signature Date

Return this application form to:

Department of Mines, Industry Regulation and Safety
Consumer Protection Division
Locked Bag 100,
EAST PERTH WA 6892

Further Information:

For general information, or assistance with completing this application form:
Telephone: 1300 30 40 54
Email: consumer@dmirs.wa.gov.au
Website: www.dmirs.wa.gov.au
Visit an office nearest to you (refer to next page)

Consumer Protection office locations

Location	Address	Postal Address
Perth:	2nd Floor, Gordon Stephenson House, 140 William St Perth	Locked Bag 100, EAST PERTH WA 6892
Albany:	Unit 2, 129 Aberdeen Street Albany	PO Box 832, ALBANY WA 6331
Broome:	Woody's Arcade, 7/15 Dampier Terrace Broome	PO Box 1449, BROOME WA 6725
Bunbury:	8th Floor, 61 Victoria Street Bunbury	PO Box 1747, BUNBURY WA 6231
Geraldton:	Post Office Plaza 50-52 Durlacher Street Geraldton	PO Box 1447, GERALDTON WA 6531
Kalgoorlie:	Cnr Hunter & Broadwood Streets West Kalgoorlie	PO Box 10154, KALGOORLIE WA 6433
Karratha:	Level 2, The Quarter HQ 20 Sharp Avenue Karratha	PO Box 5, KARRATHA WA 6714

Consumer Protection | Department of Mines, Industry Regulation and Safety

1300 304 054

8.30 am – 5.00 pm Mon, Tue, Wed and Fri

9.00 am – 5.00 pm Thurs

Gordon Stephenson House

Level 2, 140 William Street

Western Australia 6000

M: **Locked Bag 100, East Perth WA 6892**

W: www.dmirs.wa.gov.au

E: consumer@dmirs.wa.gov.au

Regional Offices

Goldfields/Esperance (08) 9021 9494

Great Southern (08) 9842 8366

Kimberley (08) 9191 8400

Mid-West (08) 9920 9800

North-West (08) 9185 0900

South-West (08) 9722 2888

National Relay Service: 13 36 77

Translating and Interpreting Service (TIS): 13 14 50

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