

NAME: _____ ADDRESS: _____

CITY: _____ PROVINCE: BC POSTAL CODE: _____

TELEPHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____

FAX: (____) _____ - _____ EMAIL: _____

1) Training and education:

a) Core education: *(Requirements: at least 40 hours of core education in mediation theory and skills training, including 10 hours of simulated or role play mediation under direct supervision in which you were an active participant and did not just observe from outside the process.)*

Courses in Mediation Theory and Skills Training	Institution & Primary Trainer	Date	Hours
Total Hours <i>(minimum 40 hours)</i>			

This training includes 10 hours of simulated role play mediation

b) Conflict resolution training: *(Requirements: at least 40 hours of core education in conflict resolution training, including 7 hours on ethical issues relating to the mediation process.)*

Courses in Conflict Resolution	Institution & Primary Trainer	Date	Hours
Total Hours <i>(minimum 40 hours)</i>			

This training includes 7 hours of ethics training.

- 2) **Related training in dispute resolution:** *(Requirements: in addition to the above, 100 hours of training in dispute resolution or a related field. A related field will be interpreted to include substantive professional disciplines such as law, social work, and psychology, or any other discipline involving a significant element of negotiation, communication skills, conflict management, etc.)*

Describe your occupation and specify the training you have received to satisfy the above requirement:

3) **Civil procedure:**

I have completed 2 days (14 hours) of instruction in civil procedure:

(provide details of a specific course(s))

Or

I have equivalent experience of BC civil procedure:

(provide details of a specific course(s))

- 4) **Experience:** *(Requirements: a minimum of 10 civil mediations¹ over the past 5 years as a sole mediator, co-mediator or mediator in an accepted practicum or mentoring program.)*

a) I have completed the minimum requirement. Over the past 5 years, I have completed approximately _____ civil mediations in the following settings (*select all that apply*):

approximately _____ fee paid private civil mediations as sole mediator; and

approximately _____ civil mediations in a structured setting with an accepted mediation organization (*please specify*): _____; and

approximately _____ civil mediations in an accepted practicum or mentoring program (*please specify*): _____; and

approximately _____ pro bono civil mediations in a structured setting (*please specify*): _____; and

Approximately _____ fee paid, private civil co-mediations in which:

- i) the applicant actively participated in and shared responsibility for managing the mediation process;



- ii) the applicant did not act primarily as an observer; and
- iii) at least one of the mediators received some monetary consideration for the mediation services.

*** Applicants must provide names and contact information for all co-mediators.; and*

the equivalent of 3 civil mediations from a successful assessment by an approved organization (please specify organization, date, and attach written assessment feedback as appendix):

_____ ; and

Please Select of a **maximum of 2**, civil mediations in a law school mediation moot (please specify sponsoring institution or course, instructor or program coordinator and date(s)):

¹ "One mediation" means a file in which all parties and mediator(s) signed an agreement to mediate, and attended at least one mediation session.

b) Please provide some details about your mediation experience, such as when you began mediating, what kinds of issues you have mediated, the mediation field you are experienced in, and in what settings you have mediated; e.g. as an employee, in private practice, etc.

5) References: Please provide two written references from individuals who have observed your work as a civil mediator, and are familiar with your mediation skills and commitment to the field. The people providing references must understand mediation process and must not be your immediate relatives, business partners, associates, employees or students. References can be from all other participants involved in your mediations, except the actual parties, unless they are repeat participants. It is preferred that both referees have observed you as a mediator. If that is not possible, they may be from professionals who have close contact with the parties and knowledge of the mediation's impact.

Identify the names and phone numbers of persons who will be your references:

1. Contact Name Contact E-mail Address () - _____

2. Contact Name Contact E-mail Address () - _____

6) Personal information:

a) Have you previously made application to any of ADRBC's rosters?:

yes no

(If yes, please provide details here.)

b) Have you ever been convicted of a criminal offence? (If yes, please provide details)

yes no

(If yes, please provide details here.)

c) Have you ever been found guilty of professional misconduct or been disciplined by a professional association or regulatory body?

yes no

(If yes, please provide details here.)

d) Have you ever been denied an occupational or professional licence, or had such a licence revoked?

yes no

(If yes, please provide details here.)

e) Have you ever been asked to provide an undertaking regarding the unauthorized practice of law to the Law Society of British Columbia or the law society of any other jurisdiction?

yes no

(If yes, please provide details here.)

f) Based on your personal history, your current circumstances or any professional opinion or advice you have received:

i) Do you have a substance use disorder²?

yes no

(If yes, please provide details here.)

ii) Have you been counseled or received treatment for a substance use disorder?*

yes no

(If yes, please provide details here.)



g) Based on your personal history, your current circumstances or any professional opinion or advice you have received, do you have any existing condition that is reasonably likely to impair your ability to function as a mediator? If the answer is “yes” to the question above, please provide a general description of the impairment.*

yes no

(If yes, please provide details here.)

²Substance Use Disorder includes alcohol or drug abuse or dependence. For more exact diagnostic criteria for substance use disorders, refer to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) of the American Psychiatric Association.

*A positive response does not necessarily make the applicant ineligible for admission. ADRBC reserves the right to assess, on an individual basis, the possible impact of the applicant’s history on the ability to conduct mediations.

7) Liability insurance:

I am a member in good standing of the Law Society of B.C., and am insured to practice law.

Or

I have attached proof of a minimum of \$2,000,000 aggregate and \$1,000,000 per incident in liability insurance coverage.

8. Application fee:

ADRBC will not charge an application fee to applicants who are current ADRBC members in good standing. Applicants who are not current ADRBC members in good standing will be required to become full ADRBC members in order to join the Civil Roster.

Are you currently a full member in good standing of ADRBC?

Yes No

If your answer to the above question is No, we invite you to [apply for ADRBC membership](#) in order to be eligible for application to the Civil Roster.

Are you currently a member in good standing of the Civil Roster of Mediators formerly managed by Mediate B.C..?

Yes No

9. Consent and undertaking:



- a) I, _____, give my consent for the ADRBC Roster Committee or Mediator Roster Manager to enquire into any representation made in connection with this application for the purpose of clarifying whether I have met the requirements for admission to the Civil Roster.
- b) I have read and understood the [Mediator Code of Conduct](#) which will bind me as a mediator of ADRBC's Civil Roster, and that I undertake to adhere to and abide by those standards in my capacity as a civil mediator.
- c) I undertake that as a mediator of ADRBC's Civil Roster, I will advise ADRBC in writing, forthwith, if the status of answers to Question 6 b) to g) of this application should change.

Signature

Date

Please note that being on the Civil Roster does not guarantee work.

Please mail or email your completed application and attachments to:

**ALTERNATIVE DISPUTE RESOLUTION INSTITUTE OF B.C.
#327 – 1275 West 6th Avenue, Vancouver, B.C. V6H 1A6
Tel: (604) 736-6611 / TF: 1-877-332-2264**

Email: rosters@adrbc.com