

NAME: ____

APPLICATION FORM: FAMILY MEDIATION ROSTER

CITY:	PROVINCE: BC POSTAL CODE:		
TELEPHONE: () - CELL	PHONE: ()		
FAX: (<u>)</u>	EMAIL: SECTION A:		
то ве с	COMPLETED BY <u>ALL</u> APPLICANTS		
	ments: <u>14</u> hours of family violence trainir mily violence and power dynamics in relati		
Courses in Family Violence	Institution & Primary Trainer	Date	Hours
	Total Hours (minim	um 14 hours):	
	ents: <u>40</u> hours of training in family law and enting and guardianship, child and spous		cludina e
	emoranda of understanding. Please attach		ivision o
property, jurisdiction, and drafting m			ivision o
property, jurisdiction, and drafting m more space is needed.)		a separate ap	ivision o opendix i
property, jurisdiction, and drafting m more space is needed.)		a separate ap	ivision o opendix i
property, jurisdiction, and drafting m more space is needed.)		a separate ap	ivision o opendix i
property, jurisdiction, and drafting m more space is needed.)		a separate ap	ivision o

ADDRESS:



Courses focused on Child and Spousal Supports	Institution & Primary Trainer	Date	Hours
	Subtotal (min	⊥ imum 7 hours	;)
Courses Focused on Division of Property	Institution & Primary Trainer	Date	Hours
	Subtotal (min	imum 7 hours	;)
Courses Focused on Jurisdiction	Institution & Primary Trainer	Date	Hours
	Subtotal (min	imum 7 hours	;)
Courses Focused on Drafting Memoranda	Institution & Primary Trainer	Date	Hours
	Subtotal (min	 imum 7 hours	:)
	·		
	Total Hours (minin	num 40 mours	7



3.	Civil procedure:
	☐ I have completed 2 days (14 hours) of instruction in civil procedure (provide details of a specific course):
	Or
	☐ I have equivalent experience of BC civil procedure (please provide details):
4.	Mediation practice standards:
a)	Do you currently use an Agreement to Mediate, as contemplated in section I5 of the Society's Standards of Conduct ?
	☐ Yes ☐ No
၁)	Do you currently screen for safety and appropriateness of mediation, as contemplated in section 10 of the Society's <u>Standards of Conduct</u> ?
	☐ Yes ☐ No
5.	Category of application:
	☐ I have met the training requirements of and have been certified by Family Mediation Canada.
	a) I am certified by Family Mediation Canada in the following area:
	☐ Family Relations ☐ Comprehensive Family
	b) Proof of certification:
	☐ I have attached a copy of my certificate from Family Mediation Canada.
	If you are FMC certified, please proceed to Section C on page 8 to complete the application.
	Or
	☐ I am not certified by Family Mediation Canada.
	If you are not FMC certified, please continue to Section B on the next page.



1. Training and education:

SECTION B:

TO BE COMPLETED BY APPLICANTS WHO ARE NOT CERTIFIED BY FAMILY MEDIATION CANADA

ourses in Mediation Theory and Skills Training	Institution & Primary Trainer	Date	Hours
	nents: at least <u>40</u> hours of core education	,	
	simulated role play mediation. nents: at least <u>40</u> hours of core education	,	
conflict resolution training: (Requiren	simulated role play mediation. The nents: at least <u>40</u> hours of core education The new relating to the mediation process.)	,	esolution
conflict resolution training: (Requirent aining, including 7 hours on ethical issu	simulated role play mediation. nents: at least <u>40</u> hours of core education ues relating to the mediation process.)	n in conflict re	esolution
conflict resolution training: (Requirent raining, including 7 hours on ethical issu	simulated role play mediation. nents: at least <u>40</u> hours of core education ues relating to the mediation process.)	n in conflict re	esolution
conflict resolution training: (Requirent raining, including 7 hours on ethical issu	simulated role play mediation. nents: at least <u>40</u> hours of core education ues relating to the mediation process.)	n in conflict re	esolution
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Conflict resolution training: (Requirent raining, including 7 hours on ethical issu	simulated role play mediation. nents: at least <u>40</u> hours of core education ues relating to the mediation process.)	n in conflict re	esolution
Conflict resolution training: (Requirent raining, including 7 hours on ethical issues	simulated role play mediation. nents: at least <u>40</u> hours of core education ues relating to the mediation process.)	n in conflict re	



c) Training in family dynamics: (Requirements: at least <u>21</u> hours on issues related to family dynamics in separation, including psychological issues in family breakdown, inappropriate use of power, and substance abuse.)

Courses in Family Dynamics	Institution & Primary Trainer	Date	Hours
	Total Hours (minim	num 21 hours)	

2. Experience:

a) Mediation experience: (Requirements: at least 40 hours¹ of family mediation work² as sole mediator, co- mediator or mediator in an accepted practicum or mentoring program. The 40 hours must have been completed over at least 10 family mediations³ over the past 5 years. They must include at least 5 mediations concerned with the reorganization of the family after separation, including certain parenting issues [guardianship, parenting time, contact, custody, access, maintenance and support] or financial support and property matters connected to separation.)

I have completed the minimum requirements. Over the past 5 years, I have completed:

i)	approximately	hours of mediation work; and
ii)	approximately	family mediations about the reorganization of the family after separation; and
iii)	approximately	family mediations in the following settings (select all that apply):
	approximately	fee paid, private family mediations as sole mediator; and
	approximately mediation organize; and	family mediations in a structured setting with an accepted zation (please specify):
	approximately (please specify):	family mediations in an accepted practicum or mentoring program; and
	approximately ; and	pro bono family mediations in a structured setting (please specify):
	approximately	fee paid, private family co-mediations in which:
	process; ii) the applicant (iii) at least one of services; and the equivalent of	3 family mediations (for a total of 9 hours) from a successful assessment by
	an approved organiz	zation (please specify organization, date, and attach written assessment ix): ; and



Please Select, of a <i>maximum of 2</i> , family mediations in a law school mediation moot
(please specify sponsoring institution or course, instructor or program coordinator and date(s))

b)	Please	provide	some	details	about	your	family	mediation	experience	such	as	when	you	began
	mediati	ng, what	kinds	of family	issues /	you	have m	nediated, ai	nd in what se	ettings	you	have n	nedia	ated.

c) Family-related experience: (Requirements: at least 2 years experience in family-related practice, unless otherwise qualified as a family law mediator under <u>Family Law Act Regulations Section 4(2)</u>. The family-related portion of your practice must be a minimum of 30% of your general practice and can include law⁴, psychology, social work, clinical counselling, teaching or nursing.)

Describe how you satisfy the above requirement.

References: Please provide two references from individuals who have observed your work as a family 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 references 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.

¹ Client contact time, including pre-mediations and joint sessions, may be included for the purpose of counting the mediation hours that qualify for admission to the Family Roster. Preparation and debrief with co-mediators may not be included.

² Here, "family mediation" includes mediation of issues about: reorganization of the family after separation or divorce, parenting, financial support and property matters connected to separation or divorce, child protection, family business, family property or finances, family inheritance and estates, responsibility for care of elderly parents, adoption, prenuptial issues, intra- family conflicts.

³ "One mediation" means a file in which all parties and mediator(s) signed an agreement to mediate, and attended at least one mediation session.

^{**}Applicants must provide names and contact information for all co-mediators.

⁴ If you are a practicing lawyer, please use the info on your Law Society of BC practice declaration.



References must be current in order to effectively to support this application and must refer to your work as a family mediator within the last five years.

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 () -
SECTION C:
TO BE COMPLETED BY <u>ALL</u> APPLICANTS
Personal information:
Personal information:
Have you previously made application to any of ADRBC's rosters?:
☐ yes ☐ no
(If yes, please provide details here.)
Have you ever been convicted of a criminal offence? (If yes, please provide details)
☐ yes ☐ no
(If yes, please provide details here.)
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.)
Have you ever been denied an occupational or professional licence, or had such a licence revoked?
☐ yes ☐ no
(If yes, please provide details here.)
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.)

APPLICATION FORM: FAMILY MEDIATION ROSTER

f)				on your perseceived:	sonal history, your current circumstances or any professional opinion or advice you
	i))	Do	you have a	substance use disorder ² ?
				☐ yes	□ no
				(If yes, plea	se provide details here.)
	ii)	Hav	ve you been	counseled or received treatment for a substance use disorder?*
				☐ yes	□ no
				(If yes, plea	se provide details here.)
g)	h: fu	av und	e re	eceived, do y	onal history, your current circumstances or any professional opinion or advice you you have any existing condition that is reasonably likely to impair your ability to ator? If the answer is "yes" to the question above, please provide a general npairment.*
				☐ yes	□ no
				(If yes, plea	se provide details here.)
use c	liso	rde	ers,		cludes alcohol or drug abuse or dependence. For more exact diagnostic criteria for substance Diagnostic and Statistical Manual of Mental Disorders, 5 th Edition (DSM-5) of the American
	to	as	ses		s not necessarily make the applicant ineligible for admission. ADRBC reserves the lividual basis, the possible impact of the applicant's history on the ability to conduct
2.	Lia	abi	ility	insurance:	
		Ιa	m a	a member in	good standing of the Law Society of B.C., and am insured to practice law.
	0)r			
				e attached pr surance cov	roof of a minimum of \$2,000,000 aggregate and \$1,000,000 per incident in verage.
3.	Ар	pli	icat	tion fee:	
S	tan	ndir	ng.	Applicants	e an application fee to applicants who are current ADRBC members in good who are not current ADRBC members in good standing will be required to become in order to join the Family Roster.
Α	re	yo	u c	urrently a ful	Il member in good standing of ADRBC?
] ,	Ye	s	☐ No	



If your answer to the above question is No, we invite you to <u>apply for ADRBC membership</u> in order to be eligible for application to the Family Roster.

	diate B.C?
	Yes No
1. (onsent and undertaking:
a)	,, give my consent for the ADRBC Roster Committee or Mediator Roster Manager to enquire nto any representation made in connection with this application for the purpose of clarifying whether I have met the requirements for admission to the Family Roster.
b)	☐ I have read and understood the Mediator Code of Conduct which will bind me as a mediator of ADRBC's Family Roster, and that I undertake to adhere to and abide by those standards in my capacity as a family mediator.
c)	I undertake that as a mediator of ADRBC's Family Roster, I will advise ADRBC in writing, forthwith, f the status of answers to Question 6 b) to g) of this application should change.
	Signature Date

Please note that being on the Family 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