



APPLICATION FORM: ASSOCIATE CIVIL ROSTER

Please note that this is a sworn document. We encourage applications to exercise due care to ensure that information, particularly information with respect to courses taken and the length of those courses, is true and correct before swearing the document.

NAME: _____ **PRONOUNS:** _____

ADDRESS: _____

CITY: _____ **PROVINCE:** _____ **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	Institution & Primary Trainer	Date	Hours
Total Hours <i>(minimum 40 hours)</i>			

This training includes 10 hours of simulated role play mediation

b) Ethics training: *(requirements: at least 7 hours of training focused on ethical issues relating to mediation process).*

Courses in Ethics in Mediation	Institution & Primary Trainer	Date	Hours
Total Hours <i>(minimum 7 hours)</i>			

Revised: March 2022

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. References: *(Please provide the names and contact information for two professional references.)*

1. _____

2. _____

4. Personal information:

a) Have you previously made application to any of the Society's Rosters?

Yes No

(If yes, please explain reason for reapplying):

b) Have you ever been convicted of a criminal offence?

Yes No

(If yes, please provide details):

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):

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

Yes No

(If yes, please provide details):

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):

f) i. Based on your personal history, your current circumstances or any professional opinion or advice you have received, do you have a substance use disorder?*

Yes No

(If yes, please provide details):

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

Yes No

(If yes, please provide details):

¹*Substance 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.*

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):

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

5. Liability insurance:

I am a member in good standing of the Law Society of B.C., and have attached my proof of liability insurance coverage.

OR

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

OR

I will obtain liability insurance (minimum of \$2,000,000 aggregate and \$1,000,000 per incident) upon acceptance to the Associate Civil Roster.

6. Application fee:

I have made an [e-transfer](#) in the amount of **\$141.75** (\$135 + GST) as a non-refundable application fee to the Associate Civil Roster.

OR

I have made an [online PayPal payment](#) in the amount of **\$141.75** (\$135 + GST) as a non-refundable application fee to the Associate Civil Roster.

