

APPLICATION FORM: FAMILY 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 PH	IONE:
FAX:	EMAIL: _	
	SECTION A: TO BE COMPLETED BY <u>ALL</u>	APPLICANTS

- 1. Training in family violence:
- **a)** Core education: (Requirements: 14 hours of family violence training including training on identifying, assessing and managing family violence and power dynamics in relation to dispute resolution process design.)

Courses in Family Violence	Institution & Primary Trainer	Date	Hours
	Total Hours (i	minimum 14 hours)	

2. Training in family law: (Requirements: 40 hours of training in family law and procedures, including a minimum of 7 hours each in: parenting and guardianship, child and spousal supports, division of property, jurisdiction, and drafting memoranda of understanding. Please attach a separate appendix if more space is needed.)

Courses in Parenting and Guardianship	Institution & Primary Trainer	Date	Hours

	Total Hours (m	inimum 7 hours)	
Courses Focused on Child and Spousal Supports	Institution & Primary Trainer	Date	Hour
	Subtotal (m	inimum 7 hours))
Courses Focused on Division of Property	Institution & Primary Trainer	Date	Hour
	Subtotal (m	inimum 7 hours))
Courses Focused on Jurisdiction	Institution & Primary Trainer	Date	Hour
	Subtotal (m	inimum 7 hours))
Courses Focused on Drafting Memoranda	Institution & Primary Trainer	Date	Hour

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	Subtotal (m	inimum 7 hours)	
	Total Hours (mi	inimum 40 hours)	
Revised: March 2022			
3. Civil Procedure			
☐ I have completed 2 days (14 hours) of inst <i>course)</i>	ruction in civil procedure: (provid	le details of a spec	rific
OR			
☐ I have equivalent experience of BC civil p	rocedure:		
4. Mediation practice standards:			
a) Do you currently use an Agreement to Standards of Conduct?	Mediate, as contemplated in s	ection 15 of the	Society's
☐ Yes ☐ No			
b) Do you currently screen for safety and ap the <u>Society's Standards of Conduct?</u>	propriateness of mediation, as con	templated in secti	on 10 of
□ Yes □ No			
5. Category of application:			
\square I have met the training requirements of and	d have been certified by Family M	lediation Canada.	
a) I am certified by Family Mediation	n Canada in the following area:		
☐ Family Relations☐ Comprehensive Family			
b) Proof of certification:			

☐ I have attached a copy of my certifi	icate from Family Mediation Ca	anada.	
If you are FMC certified, please proc	ceed to Section C on page 8 to	complete the applic	ation.
Or			
☐ I am not certified by Family Mediation Car	nada.		
If you are not FMC certified, please	continue on to Section B on th	e next page.	
	SECTION B:		
TO BE COMPLETED BY APPLICANTS MEDIATION CANADA	WHO ARE NOT CERTIFIE	D BY FAMILY	
1. Training and education:			
a) Core education: (Requirements: at leas skills training, including 10 hours of simul which you were an active participant and details and details.)	ated or role play mediation	under direct super	•
		- '	
Courses in Mediation Theory and Skills	Institution & Primary Trainer	Date	Hours
Courses in Mediation Theory and Skills	•	Date	Hours
Courses in Mediation Theory and Skills	•	Date	Hours
Courses in Mediation Theory and Skills	•	Date	Hours
Courses in Mediation Theory and Skills	•	Date	Hours
Courses in Mediation Theory and Skills	•	Date	Hours
Courses in Mediation Theory and Skills	•	Date	Hours
Courses in Mediation Theory and Skills	Trainer	Date minimum 40 hours)	Hours
Courses in Mediation Theory and Skills	Trainer		Hours
Courses in Mediation Theory and Skills ☐ This training includes 10 hours of simulate	Total Hours (i		Hours
	Total Hours (need role play mediation	minimum 40 hours)	Hours
☐ This training includes 10 hours of simulate b) Conflict resolution training: (Requirement)	Total Hours (need role play mediation	minimum 40 hours)	Hours

		Total Hours	(minimum 40 hours)	
☐ This tı	raining includes 7 hours of ethics			
,	ning in family dynamics: (Require tion, including psychological issues e abuse.)			•
С	ourses in Family Dynamics	Institution & Primary Trainer	Date	Hours
		Total Hours	(minimum 21 hours)	
2. Expe	rience:			
mediator, have been 5 mediati parenting	tion experience: (Requirements: a, co-mediator or mediator in an accompleted over at least 10 family ions concerned with the reorganizations issues [guardianship, parenting support and property matters conn	repted practicum or mentoring per mediations 3 over the past 5 year tion of the family after sepan time, contact, custody, access, to	program. The 40 how ars. They must includ ration, including cer	irs must de at leas rtain
I have co	mpleted the minimum requirements	s. Over the past 5 years, I have	completed:	
i)	approximately hours	of mediation work; and	64 6 4	c
ii)	approximately family separation; and	mediations about the reorganiz	ation of the family af	iter
iii)	approximately family	mediations in the following set	ttings (select all that a	apply):
	☐ approximately fee	paid, private family mediations	as sole mediator; and	d

		family mediations in a structured setting with an accepted	
	mediation organization	4 777	1
	☐ approximately program (please specify	family mediations in an accepted practicum or mentoring	; and
	☐ approximatelyspecify):	pro bono family mediations in a structured setting (please	; and
for admissi ² Here, "for financial su inheritance	ion to the Family Roster. Preparation amily mediation" includes mediatio apport and property matters connected and estates, responsibility for care of	and joint sessions, may be included for the purpose of counting the mediation hours that qua and debrief with co-mediators may not be included. In of issues about: reorganization of the family after separation or divorce, parenting and to separation or divorce, child protection, family business, family property or finances, fa and felderly parents, adoption, pre-nuptial issues, intra-family conflicts ties and mediator(s) signed an agreement to mediate, and attended at least one mediation	ζ,
		_ fee paid, private family co-mediations in which:	
	process; ii) the applicant did not a	participated in and shared responsibility for managing the mediation act primarily as an observer; and diators received some monetary consideration for the mediation	n
	**Applicants must provi	de names and contact information for all co-mediators.	
		;and	d
	•	lly mediations (for a total of 9 hours) from a successful assessment (please specify organization, date, and attach written assessment	by
		; an	ıd
		m of 2, family mediations in a law school mediation moot (please ion or course, instructor or program coordinator and date(s)):	

b) Please provide some details about your family mediation experience, such as when you began mediating, what kinds of family issues you have mediated, and in what settings you have mediated.
c) Family-related experience: (Requirements: at least 2 years experience in family-related practice, unless otherwise qualified as a family law mediator <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.
⁴ if you are a practising lawyer, please use the info on your Law Society of BC practice declaration.
3. References: Please provide two written 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 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.
References must be current, that is, written to support this application (using the Society's <u>letter of reference form online</u> or, if submitted in a letter, addressing each point on the form) 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
2.

Reference letters are confidential and are to be forwarded directly by the referees to Mediate BC.

SECTION C:

TO BE COMPLETED BY \underline{ALL} APPLICANTS

1.	Personal in	formation:
a)	Have you p	reviously made application to any of the Society's Rosters?
	Yes	□ No
(I)	^f yes, please	explain reason for reapplying):
b)	Have you e	ver been convicted of a criminal offence?
	Yes	□ No
(I)	^f yes, please _l	provide details):
_	•	ver been found guilty of professional misconduct or been disciplined by a professional regulatory body?
	Yes	□ No
(Ij	^f yes, please j	provide details):
d)	Have you e	ver been denied an occupational or professional license, or had such a license revoked?
	Yes	□ No
(I)	fyes, please j	provide details):
		ver been asked to provide an undertaking regarding the unauthorized practice of law to the British Columbia or the law society of any other jurisdiction?
	Yes	□ No
(Ij	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.
2. Liability insurance:
\Box I am a member in good standing of the Law Society of B.C., and am insured to practice law \mathbf{Or}
☐ I have attached proof of a minimum of \$2,000,000 aggregate and \$1,000,000 per incident in liability insurance coverage.

3.	. Application fee:				
	☐ I have made a payment in the amount of \$341.25 (\$325 + GST) as a non-refundable application fee				
	by: □ PayPal	OR	☐ Interact E-transf	fer	
	Or				
\Box I am a mediator in good standing of the Civil Roster and have made a payment in the a \$196.88 (\$187.50 + GST) as a non-refundable application fee by:					
	☐ PayPal	OR	☐ Interact E-transf	fer	
	Or				
	☐ I am a mediator in good standing of the Associate Family Roster whose admission or renewal payment was made within the last 6 months. I have made a discounted payment in the amount of \$196.88 (\$187.50 + GST) as a non-refundable application fee by: ☐ PayPal OR ☐ Interact E-transfer			we made a discounted payment in the amount of opplication fee by:	
4.	4. Consent and undertaking:				
	(a) I,, give my consent for the Roster Committee or Mediator Roster Manager to enquire into any representation made in connect with this application for the purpose of clarifying whether I have met the requirements for admission to the Family Roster.			to enquire into any representation made in connection	
	(b) I have read and understood the <u>Standards of Conduct</u> which will bind me as a Registered Roster Mediator of Mediate BC's Family Roster, and that I undertake to adhere to and abide by those standards in my capacity as a Registered Family Roster Mediator.				
	(c) I undertake that as a Registered Roster Mediator of Mediate BC's Family Roster, I will advise Mediate BC in writing, forthwith, if the status of answers to Question 1 b) to g) in Section C of this application should change.				
	Dat	e		Signature	

5. Statutory declaration:

I hereby swear or affirm that:
(a) I am the applicant described in this application, and

(b) the information and undertaking in this application form and its attachments are true and correct.

SWORN or AFFIRMED	
before me at	
in the Province of British Columbia	
this day of	
·	Signature

Commissioner for taking affidavits for the Province of British Columbia

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

Please email your completed and sworn application and attachments to: mediators@mediatebc.com