

Child Protection Mediation Approved Training Course

*In cooperation with the Child Protection Mediation Steering Committee
In partnership with the Ministry of Children and Youth Services*

Application Form for Training Course

Name: _____

Telephone: _____

Email: _____

Address:
Home _____

Address:
Business _____

Please provide an updated resume, and check all items that you have documented as you prepare for submission.

___ Copy of Professional Degree/Diploma

___ Designated Accreditation by OAFM (provide #)

OR

___ Certification by FMC as a Family Specialist (provide Certification #)

OR

___ Certification by ADR as a Family Specialist (provide Certification #)

OR

___ 60 hours of Training in family mediation both basic and advanced (provide certificates) plus

___ 10 family law cases mediated to the point of agreement (provide memorandums of understanding with all identifying information whitened out)

Please submit this form (found in the Forms links at www.oafm-cpmed.ca) and your CPMed Application package by fax to Josée Biggs, CPMed Roster Program at 613-241-8711.

If you are not designated by OAFM or certified by FMC, all Certificates for training and the 10 family law cases must be submitted by fax with your CPMed Application package and Training Course Application Form.

You will be notified by email of your acceptance into the training program within two weeks. Once accepted you will be given information on how to register and pay. For further information regarding course offerings and dates, please go to www.oafm-cpmed.ca

APPLICATION FORM TO BE PLACED ON FILE
ONTARIO CHILD PROTECTION MEDIATION ROSTER

Please use this application form to apply to be eligible for the **Ontario Child Protection Mediation Roster**. The completed and signed application, with accompanying documentation, may be faxed to 613-241-8711 or emailed in pdf format to registration@oafm-cpmed.ca.

OAFM Ontario Child Protection Mediation Roster Program
P.O. Box 102
Almonte, Ontario, Canada
K0A 1A0

Attention: Roster Administration

All persons who apply to be on the Ontario Child Protection Mediation Roster agree to abide to the Roster Code of Ethics, which is posted on the OCPM Roster Website at <http://www.oafm-cpmed.ca/Code>.

Identification Information

Surname: _____

First Name: _____

Organization: _____

Title: _____

Business Information

(As will appear on the Ontario Child Protection Mediation Roster)

Street Address: _____

City: _____

Province: _____

Postal Code: _____

Business Telephone #: _____

Business Fax #: _____

Email address: _____

Website URL: _____

Area(s) of Service (County(ies), Municipality(ies), Municipal Region(s), City(ies):

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Personal Information

(This is your personal, or home information. It will be used for internal Roster use only)

Gender : Female Male

Home Address

Street Address: _____

City: _____

Province: _____

Postal Code: _____

Home Telephone #: _____

Home Fax #: _____

Email address: _____

Website URL: _____

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Preferred Mailing Address

(For communications with Ontario Child Protection Mediation Roster Program)

Check one method only.

Use Home Address or Email

Use Business Address or Email

Use Other Address or Email Below

Street Address: _____

City: _____

Province: _____

Postal Code: _____

Home Telephone #: _____

Home Fax #: _____

Email address: _____

Website URL: _____

Preferred Billing Address

(For Receipts after payment of fees to O.A.F.M.)

(Check one method only).

Use Home Address or Email

Use Business Address or Email

Use Other Address or Email Below

Street Address: _____

City: _____

Province: _____

Postal Code: _____

Home Telephone #: _____

Home Fax #: _____

Email address: _____

Website URL: _____

Payment Information

(Check one method only. If paying by Cheque or Money Order, please attach to the

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front of your mailed hard copy application)

Credit Card

Visa

MasterCard

Card Holder's Name as appears on Card: _____

Card Number: _____

Expiry Date (mm/yy): _____

Cheque

Money Order

Professional Information

Acc.FM Identification Reference:

FMC Certification Identification Reference:

Child Protection Mediator Certificate

Educational Institution from which Child Protection Mediator Certificate was Received:

Date of Child Protection Mediation Training Certificate (Year/Month/Day): _____

Name of Instructor (First, Last): _____

Languages Spoken

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**CRITERIA FOR ELIGIBILITY TO BE PLACED ON THE ONTARIO CHILD
PROTECTION MEDIATION ROSTER**

- The Applicant must have completed and passed the Child Protection Mediation Training provided by an accredited institution.
- The Applicant must have obtained a satisfactory police check within the past 3 years, and kept that police check current within the past 3 years .
- The Applicant must provide proof of current professional liability insurance in the amount of no less than \$1,000,000.
- The Applicant must adhere to the Child Protection Mediation Code of Ethics
- The Applicant must sign the Declaration found on the Ontario Child Protection Mediation Roster Program website.
- The Applicant must provide (3) three satisfactory professional references, which must include (2) two references from persons they have mediated for or with.
- The Applicant must sign the declaration on the following page.

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Declaration

By submitting this information for application to be included on the Ontario Child Protection Mediation Roster, I hereby agree to adhere to the Ontario Child Protection Mediation Roster **Code of Ethics**.

I declare that all information I have entered on this application is true and valid.

Signature: _____

Name: _____

Date (Y,M,D): _____

Please remember that the following supporting documentation is required to be attached to this application form:

1. A satisfactory Police Check performed within the last 3 years;
2. Proof of Insurance in the amount of \$1,000,000 or over; and
3. Three (3) satisfactory professional references, which includes two (2) references from persons you have mediated for or with, together with their contact information.