

**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](mailto:registration@oafm-cpmed.ca).

OAFM Ontario Child Protection Mediation Roster Program  
P.O. Box 5  
Carleton Place, Ontario, Canada  
K7C 3P3

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 only 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: \_\_\_\_\_

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***Payment Information***

(Check one method only. If paying by Cheque or Money Order, please attach to the 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 continue to keep 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 to 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 to include two (2) references from persons you have mediated for or with, together with their contact information.