

DECLARATION

I _____ (name, please print) in submitting my application to be included on the Ontario Child Protection Mediation Roster acknowledge and agree as follows:

1. I have successfully completed the Child Protection Mediation Training Course and have submitted proof of same;
2. I have read the Child Protection Mediation Code of Ethics (OAFM) and agree to adhere to the terms;
3. I have and will continue to maintain professional liability insurance coverage in the amount of \$1,000,000 and will provide proof of same annually as long as I wish to remain on the Ontario Child Protection Mediation Roster;
4. I will only identify myself as a Child Protection Roster Mediator, Ontario Protection Mediation Roster when describing my relationship with the Ontario Child Protection Mediation Roster. I agree that I will not include any reference in promotional material to providing services for the Court or for the Ontario Government nor statements that I have been endorsed or qualified by the Court of the Ontario Government in any way.
5. I agree to provide a valid police check every three years;
6. I confirm that all the information contained in my application for admission to the Child Protection Mediation Training and in my application for inclusion in the Ontario Child Protection Mediation Roster including my qualifications and experience is true.
7. I understand that OAFM will remove any mediator from the roster if the information and documentation in support of the application has been falsified or a mediator clearly acts in violation of the Child Protection Mediation Code of Ethics.
8. I understand that any formal complaint lodged against a Child Protection Roster Mediator will be logged by OAFM and forwarded to The Ministry of Children and Youth Services.
9. I understand that this roster is being maintained by OAFM pursuant to a contract with the Ministry of Children and Youth Services and this contract is subject to termination on 60 days notice. I agree that I will not hold OAFM responsible in any way for any impact, financial or otherwise, if the cancellation of the roster may have on me or my professional practice.

Signature _____

Date _____