



# CHILD PROTECTION – ALTERNATIVE DISPUTE RESOLUTION

## PRACTITIONER APPLICATION FORM FOR ROSTER FOR ADR-LINK

**ADR - LINK**

We maintain a list of practitioners available to provide Child Protection Alternative Dispute Resolution Services in the South West Region of Ontario. In order for ADR-LINK to match the various case requirements of Parties requesting ADR services in the South West Region with the special talents/skills of the various ADR providers, we are seeking detailed information below.

Please complete this form and return it by fax to (519) 679-4234, attn: ADR-LINK

**Note: Please attach a current resume, Police Vulnerable Sector Check, and proof of liability insurance.**

**Name:**

**Phone:**

**Email:**

You are trained and available to provide service as:  
(check all that apply)

- Family Group Conference Practitioner
- Child Protection Mediation Practitioner
- Indigenous Approaches/ODR Practitioner

**If you have any specialized training, awareness or knowledge of particular note, please check applicable boxes below and describe:**

- Domestic Violence (DV)
- Violence against Women and/or Children
- Child Abuse
- Developmental Services
- Special Needs Populations
- Sign Language Interpretation
- Cultural Populations
- Cases requiring Cultural Consultation
- Mental Health/Addictions

**With which body or bodies do you hold Certification and/or Registration in Child Protection ADR methods?**

- Ontario Association of Family Mediation (O.A.F.M. and/or F.M.C)
- O.A.S.W.S.S.W.
- College of Psychologists in Ontario (C.P.O.) Law Society of Upper Canada
- George Hull Centre (FGC)
- Other (explain)

**How many Child Protection ADR cases have you completed?**

**How many years have you been doing Child Protection ADR cases?**

**Child Protection ADR Service Providers require liability coverage. Please describe the level of coverage and current carrier for your liability insurance.**

Describe the space available for ADR sessions at your office or other locations that you have available.

From which area(s) would you be willing accept referrals for ADR services (check all that apply)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Bruce-Grey       | <input type="checkbox"/> Oxford         | <input type="checkbox"/> Aamjiwnaang First Nation (Chippewas of Sarnia) | <input type="checkbox"/> Delaware Nation Moravian of the Thames |
| <input type="checkbox"/> Chatham-Kent     | <input type="checkbox"/> Sarnia-Lambton | <input type="checkbox"/> Caldwell First Nation                          | <input type="checkbox"/> Munsee Delaware Nation                 |
| <input type="checkbox"/> Elgin-St.Thomas  | <input type="checkbox"/> Windsor-Essex  | <input type="checkbox"/> Chippewas of Nawash First Nation               | <input type="checkbox"/> Oneida Nation of the Thames            |
| <input type="checkbox"/> Huron-Perth      |   | <input type="checkbox"/> Chippewas of Kettle & Stony Point First Nation | <input type="checkbox"/> Saugeen First Nation                   |
| <input type="checkbox"/> London-Middlesex |   | <input type="checkbox"/> Chippewas of the Thames First Nation           | <input type="checkbox"/> Walpole Island First Nation            |

In what language(s) do you feel competent to conduct ADR? (Please list all that apply.)

Have you worked with interpreters when providing ADR service?  Yes  No

Further points of interest:

1. It is important that you keep ADR-Link apprised of any changes to your availability to conduct CP-ADR work annually. (Such as changes in availability due to vacation, illness, training or certification changes, etc.)
2. It is imperative that you maintain your own liability insurance coverage and that you provide ADR-LINK with confirmation of that coverage annually.
3. Please keep ADR-LINK informed of any complaints/concerns made against you while acting in the role of an ADR provider (mediator, FGC Coordinator, Indigenous Approaches Practitioner), as well as the outcome of the complaint.
4. Please provide a copy of your ADR certification form, plus confirmation of your liability insurance, and a Police Vulnerable Screening Check along with your attached resume.
5. Your signature below confirms you wish to be contacted by ADR-LINK to arrange an interview as part of the next step in the application process.

*Please note: you will be contacted only if the ADR-LINK roster is seeking applicants at such time.*

Your signature below confirms that you understand the above information and shows that you assume liability arising from your own CP- ADR practice with clients and do not hold the ADR-Link connector agency responsible in any way. It is also important that you and your ADR clients are aware of the following disclaimer:

ADR-Link connects parties in dispute with an ADR Practitioner. None of the Practitioners on the approved roster are employees of the London Family Court Clinic or are affiliated with the Clinic. However, all roster mediators and conference coordinators have been accredited in Ontario by the Ontario Association for Family Mediation or by the George Hull Centre in Toronto. By participating in the ADR-Link service, you acknowledge that the service is not being provided by the Clinic, and agree to hold harmless ADR-Link and the London Family Court Clinic for any and all claims, actions, suits, etc brought against ADR-Link directly or indirectly.

Signed by: \_\_\_\_\_

Dated: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Dated: \_\_\_\_\_