## THE BRITISH COLUMBIA COLLABORATIVE ROSTER SOCIETY

## **New Membership Application 2021-2022**

### 'Confidence in Quality'

Please note that this is a sworn document. We encourage applicants to exercise due care to ensure that information is true and correct before swearing the document.

NAME:
ADDRESS:
TELEPHONE:
FAX:
E-MAIL:
CATEGORY OF APPLICATION:
I am a:
□ lawyer
□ mental health professional
☐ financial specialist
*note: please only submit the relevant completed sections with your application
SECTION A: TO BE COMPLETED BY LAWYERS
Law Society Membership Number:
1. Training and education:
a)Interdisciplinary Collaborative training: Requirements: 12 hours of basic interdisciplinary collaborative training. Qualified trainings must meet the IACP Minimum

Interdisciplinary Collaborative Training	Institution and Primary Trainer(s)	Date	Hours
			Total:

Standards for training

b)	Train	ing in client	t centered,	facilitative co	nflict resol	ution (me	diation train	ing –
interest	based,	narrative or	transformat	tive mediation)	. Requireme	ents: at lea	st 30 hours o	of
training								

Training	Institution and Primary Trainer(s)	Date	Hours
			Total:

c) Family violence training, including training on identifying, assessing, and managing family violence and power dynamics in relation to dispute resolution processes design, provided by the Justice Institute of British Columbia, by the Continuing Legal Education Society of British Columbia or by any other training provider that is recognized as providing high quality training in that field ("Domestic Violence Training"). Requirement: at least 14 hours

Training	Institution and Primary Trainer(s)	Date	Hours
			Total:

d) Further training or education (Requirements: at least 15 hours of training in the following specified areas: interest-based negotiation training, communication skills training, family dynamics, the impact of separation and divorce on children and families, further collaborative training, advanced mediation skills or further interdisciplinary collaborative training).

Training	Institution and Primary Trainer(s)	Date	Hours
			Total Hours:

tandards for training					
Interdisciplinary Collaborative Training	Instit	ution and Primary Trainer(s)	Date		Hours
					Total:
erest based, narrative ining Training	or transfo	Institution and Primary Trainer(s		ts: at least 30  Date	hours of  Hours
		Timary Trameric	•)		
					Total:

SECTION B: TO BE COMPLETED BY MENTAL HEALTH PROFESSIONALS

a)Interdisciplinary Collaborative training: Requirements: 12 hours of basic interdisciplinary collaborative training. Qualified trainings must meet the IACP Minimum

Registration Number:

Regulatory Body:

**Training and Education:** 

c) Family violence	t <b>raining</b> , including training on i	dentifying, assessing, a	and managing
by the Justice Institute of Br Columbia or by any other tra	ynamics in relation to dispute ritish Columbia, by the Continuining provider that is recognized Training") to be obtained wit the least 14 hours	ng Legal Éducation So ed as providing high qu	ciety of British ality training in
	Institution and Primary		

Training	Institution and Primary Trainer(s)	Date	Hours
			Total:

d) Further training or education (Requirements: at least 15 hours of training in the following specified areas: interest-based negotiation training, communication skills training, family dynamics, advanced mediation skills or further interdisciplinary collaborative training).

Training	Institution and Primary Trainer(s)	Date	Hours
			Total:

e) Basic family law (Requirements: at least 3 hours of training aimed at giving the mental health professional a basic understanding of the law in British Columbia as it pertains to families).

Total:

1. Training and educat	ion:		
	laborative training: Requirement re training. Qualified trainings mus		
Interdisciplinary Collaborative Training	Institution and Primary Trainer(s)	Date	Hours
			Total:
	centered, facilitative conflict re transformative mediation). Require		
Training	Institution and Primary Trainer(s)	Date	Hours
			Total:

SECTION C: TO BE COMPLETED BY FINANCIAL SPECIALISTS

Regulatory Body: \_\_\_\_\_\_
Professional Designation: \_\_\_\_\_

Membership Number (if applicable):

c) Family violence training, including training on identifying, assessing, and managing
family violence and power dynamics in relation to dispute resolution processes design, provided
by the Justice Institute of British Columbia, by the Continuing Legal Education Society of British
Columbia or by any other training provider that is recognized as providing high quality training in
that field ("Domestic Violence Training"). Requirement: at least 14 hours

Training	Institution and Primary Trainer(s)	Date	Hours
			Total:

d) Further training or education (Requirements: at least 15 hours of training in the following specified areas: interest-based negotiation training, communication skills training, family dynamics, the impact of separation and divorce on children and families, further collaborative training, advanced mediation skills or further interdisciplinary collaborative training).

Training	Institution and Primary Trainer(s)	Date	Hours
			Total:

e) Financial Aspects of Divorce (Requirements: at least 20 hours of training in the following specified areas: family law legislation in British Columbia, divorce procedures and process options, property – valuation and division, pensions and RRSPs – valuation and division, cash flow management, including budgeting, child and spousal support, and the financial implications of different scenarios for settlement, including analysis and future projections of net worth and cash flow).

Training	Institution and Primary Trainer(s)	Date	Hours
			Total:

#### SECTION D: TO BE COMPLETED BY ALL APPLICANTS

#### **Experience:**

Requirements: All collaborative files must have had signed participation agreements and been completed within five (5) years of the date of this application.

Lawyers: a minimum of eight (8) collaborative files Mental Health Professionals: a minimum of five (5) collaborative files Financial Specialist: a minimum of two (2) collaborative files.

For the purpose of counting the number of collaborative files that qualify for admission to the British Columbia Collaborative Roster Society, the file may have gone out of collaborative process.

proce	SS.	o mo may have gone out or comasorative			
I have	I have completed the minimum requirements. Over the past 5 years, I have been involved in collaborative files.				
<u>IACP</u>	Membership Status:				
•	I am a Member of the International Acade YES ☐ NO ☐	my of Collaborative Professionals:			
•	My IACP dues are current: YES	NO 🗆			

#### **SECTION E: TO BE COMPLETED BY ALL APPLICANTS**

**References**: (Please provide three (3) written references in the form attached from individuals familiar with your collaborative practice. At least two (2) of the written references must be from members of your own profession with whom you have done a collaborative file. References must be current; that is, written to support this application, using the Society's letter of reference form - or, if submitted in a letter, addressing each point on the form - and must refer to collaborative work you have done within the last 5 years. References cannot be from immediate relatives or clients. The referee must be familiar with the collaborative process.) Identify the names and phone numbers of persons who will be your references:

1.	
2.	
3.	

Reference letters are confidential and are to be forwarded directly by the referees to the Roster Committee of the British Columbia Collaborative Roster Society.

## SECTION F: TO BE COMPLETED BY ALL APPLICANTS

#### **Personal information:**

a. gran □ □ ( <i>If y</i> e	Have you ever been convicted of a criminal offence for which a pardon has not been ted? Yes No es, please provide details):
	Have you ever been found guilty of professional misconduct or been disciplined by a essional association or regulatory body? Yes No es, please provide details):
restr	Lawyers: Are you currently the subject of a disciplinary citation or action, under essional conduct review by the Law Society of British Columbia or do you have any practice ictions on the practice of your profession?  Yes  No es, please provide details):
	Other professionals: Are you currently the subject of a disciplinary citation or action, unde tice supervision or do you have any restrictions on the practice of your profession?  Yes  No es, please provide details):
	Have you ever been denied an occupational or professional license, or had such a license ked? Yes No es, please provide details):

f.	Have you previously made application to the British Columbia Collaborative Roster
Soc	iety and been denied membership?
	Yes
	No

# SECTION G: TO BE COMPLETED BY ALL APPLICANTS FOR ADMISSION TO THE BRITISH COLUMBIA COLLABORATIVE ROSTER SOCIETY

#### Application fee & methods of payment:

**Lawyers and Financial Professionals:** I have attached a cheque or e-transfer in the amount of **\$367.50** (\$350 plus GST of \$17.50) payable to the British Columbia Collaborative Roster Society as a non-refundable application fee.

**Mental Health Professionals:** I have attached a cheque or e-transfer in the amount of **\$210.00** (\$200 plus GST of \$10.00) payable to the British Columbia Collaborative Roster Society as a non-refundable application fee.

**Part-Time Membership:** I have attached a cheque or e-transfer in the amount of **\$105.00** (\$100 plus GST of \$5.00) payable to the British Columbia Collaborative Roster Society as a non-refundable application fee. (Please note to qualify for part-time membership, you must have been on the Roster for 5 years; Identify as working only part-time; Training requirement is 5 hours).

Please email your completed application form and e-transfer the application fee to: info@bccollaborativerostersociety.com

OR, If you would like to mail your application form and cheque to us, please email us at: <a href="mailto:info@bccollaborativerostersociety.com">info@bccollaborativerostersociety.com</a> to obtain our mailing address.

Please note that being on the British Columbia Collaborative Roster Society does not guarantee work.

<sup>\*</sup> A positive response does not necessarily make the applicant ineligible for admission. The BCCRS reserves the right to assess, on an individual basis, the possible impact of the applicant's history on the ability to conduct collaborative files.

## **CONSENT**

I <u>,</u>	, give my consent for the Roster		
Committee to enquire into any representation made on this application for the purpose of clarifying whether I have met the requirements for admission to the British Columbia Collaborative Roster Society			
************	********		
<u>Stat</u>	UTORY DECLARATION		
(a) that the information in this application and	n form and its attachments is true and correct;		
<u> </u>	hereby swear or affirm:		
(b) that I have read and understood the I of the British Columbia Collaborative Roste those standards in my capacity as collabor	ACP Standards of Conduct which will bind me as a member er Society, and that I undertake to adhere to and abide by ative practitioner.		
SWORN BEFORE ME	) )		
atin the Province of	)		
British Columbia	)		
on, 2021	) ) )		

A commissioner for taking affidavits in British Columbia

# BRITISH COLUMBIA COLLABORATIVE ROSTER SOCIETY LETTER OF REFERENCE

	Application for membership on the British Columbia Collaborative Roster ety's by:
(nam	e of applicant)
for ac respo <b>your</b>	are asked by the person named above to provide a reference concerning his/her suitability dmission to the British Columbia Collaborative Roster Society. Please provide your candid onses to the following questions with sufficient information or examples to illustrate remarks. If you cannot answer a question, please indicate your inability to comment. If the e is not sufficient, please attach further comments.
suppo must imme	cants are required to name referees who can write a current reference; that is, written to ort this application to the British Columbia Collaborative Roster Society. The reference refer to collaborative files work within the last 5 years. References cannot be from ediate relative or clients. If you choose not to use this form, please address each point in a format.
1.	In what capacities do you know this applicant?
	□ peer □ supervisor □ other (specify)
2.	How long have you known this applicant or worked with this applicant in the collaborative process?
	What is your direct or indirect knowledge of the applicant's collaborative practice or from first hand observation or indirectly from client's or other professional's ments?

•	4. Please comment specifically on this person's strengths and weaknesses, and provide examples of how he/she interacts with clients and the other collaborative professionals with respect to:				
(	(a)	professional/ethical/appropriate behav	iour:		
(	(b)	working relationship between profession interdisciplinary teams):	onals (including same profession and		
(	(c)	interest based negotiation skills:			
5. Please comment on the applicant's suitability for admission to the British Columb Collaborative Roster Society:			ility for admission to the British Columbia		
6.	Ma	ay we contact you if more information is	required?		
You	r na	ame	_ Your profession		
You	r ad	ddress	_ Your phone no. & email		
Date	e		_ Signature		

Please email this Letter of Reference to: <u>info@bccollaborativerostersociety.com</u> **OR** send us an email to obtain our mailing address.