

# 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.

<b>NAME:</b>
<b>ADDRESS:</b>
<b>TELEPHONE:</b>
<b>FAX:</b>
<b>E-MAIL:</b>

### CATEGORY OF APPLICATION:

I am a:

- lawyer
- mental health professional
- financial specialist

\*note: please only submit the relevant completed sections with your application

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### 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 Standards for training*

Interdisciplinary Collaborative Training	Institution and Primary Trainer(s)	Date	Hours
			<b>Total:</b>

**b) Training in client centered, facilitative conflict resolution (mediation training – interest based, narrative or transformative mediation). Requirements: at least 30 hours of training**

Training	Institution and Primary Trainer(s)	Date	Hours
			<b>Total:</b>

**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
			<b>Total:</b>

**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
			<b>Total Hours:</b>

**SECTION B: TO BE COMPLETED BY MENTAL HEALTH PROFESSIONALS**

Regulatory Body: \_\_\_\_\_

Registration Number: \_\_\_\_\_

**1. Training and Education:**

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

Interdisciplinary Collaborative Training	Institution and Primary Trainer(s)	Date	Hours
			<b>Total:</b>

**b) Training in client centered, facilitative conflict resolution (mediation training)**  
*(interest based, narrative or transformative mediation). Requirements: at least 30 hours of training*

Training	Institution and Primary Trainer(s)	Date	Hours
			<b>Total:</b>

**c) Family violence training/professional experience**, 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/education provider that is recognized as providing high quality training in that field (“Domestic Violence Training”) or equivalent professional experience, to be obtained within 24 months of acceptance of this application. *Requirement: at least 14 hours*

Training	Institution and Primary Trainer(s)	Date	Hours
			<b>Total:</b>

**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
			<b>Total:</b>

**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*).

Training	Institution and Primary Trainer(s)	Date	Hours
			<b>Total:</b>

**SECTION C: TO BE COMPLETED BY FINANCIAL SPECIALISTS**

Regulatory Body: \_\_\_\_\_

Professional Designation: \_\_\_\_\_

Membership Number (if applicable): \_\_\_\_\_

**1. Training and education:**

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

Interdisciplinary Collaborative Training	Institution and Primary Trainer(s)	Date	Hours
			<b>Total:</b>

**b) Training in client centered, facilitative conflict resolution (mediation training– interest based, narrative or transformative mediation).** *Requirements: at least 30 hours of training*

Training	Institution and Primary Trainer(s)	Date	Hours
			<b>Total:</b>

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
			<b>Total:</b>

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
			<b>Total:</b>

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
			<b>Total:</b>

**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.*

**I have completed the minimum requirements. Over the past 5 years, I have been involved in \_\_\_\_\_ collaborative files.**

**IACP Membership Status:**

- I am a Member of the International Academy of Collaborative Professionals:  
YES  NO
  
- 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. Have you ever been convicted of a criminal offence for which a pardon has not been granted?

- Yes
- No

*(If yes, please provide details):* \_\_\_\_\_

\_\_\_\_\_

b. Have you ever been found guilty of professional misconduct or been disciplined by a professional association or regulatory body?

- Yes
- No

*(If yes, please provide details):*

\_\_\_\_\_

\_\_\_\_\_

c. Lawyers: Are you currently the subject of a disciplinary citation or action, under professional conduct review by the Law Society of British Columbia or do you have any practice restrictions on the practice of your profession?

- Yes
- No

*(If yes, please provide details):*

\_\_\_\_\_

\_\_\_\_\_

c. Other professionals: Are you currently the subject of a disciplinary citation or action, under practice supervision or do you have any restrictions on the practice of your profession?

- Yes
- No

*(If yes, please provide details):*

\_\_\_\_\_

\_\_\_\_\_

d. Have you ever been denied an occupational or professional license, or had such a license revoked?

- Yes
- No

*(If yes, please provide details):*

\_\_\_\_\_

\_\_\_\_\_

e. Have you previously made application to the British Columbia Collaborative Roster Society and been denied membership?

- Yes
- No

*\* 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.*

## **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](mailto:info@bccollaborativerostersociety.com)

OR, If you would like to mail your application form and cheque to us, please email us at:  
[info@bccollaborativerostersociety.com](mailto:info@bccollaborativerostersociety.com) to obtain our mailing address.

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

**CONSENT**

I, \_\_\_\_\_, 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.

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**STATUTORY DECLARATION**

(a) that the information in this application form and its attachments is true and correct;  
and

I \_\_\_\_\_ hereby swear or affirm:

(b) that I have read and understood the IACP Standards of Conduct which will bind me as a member of the British Columbia Collaborative Roster Society, and that I undertake to adhere to and abide by those standards in my capacity as collaborative practitioner.

SWORN BEFORE ME )  
 )  
at \_\_\_\_\_ in the Province of )  
British Columbia )  
on \_\_\_\_\_, 2021 ) \_\_\_\_\_  
 )  
\_\_\_\_\_ )

A commissioner for taking  
affidavits in British Columbia

**BRITISH COLUMBIA COLLABORATIVE ROSTER SOCIETY  
LETTER OF REFERENCE**

**RE: Application for membership on the British Columbia Collaborative Roster Society's by:**

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(name of applicant)

*You are asked by the person named above to provide a reference concerning his/her suitability for admission to the British Columbia Collaborative Roster Society. Please provide your candid responses to the following questions **with sufficient information or examples to illustrate your remarks**. If you cannot answer a question, please indicate your inability to comment. If the space is not sufficient, please attach further comments.*

*Applicants are required to name referees who can write a current reference; that is, written to support this application to the British Columbia Collaborative Roster Society. The reference must refer to collaborative files work within the last 5 years. References cannot be from immediate relative or clients. If you choose not to use this form, please address each point in a letter 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?

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3. What is your direct or indirect knowledge of the applicant's collaborative practice either from first hand observation or indirectly from client's or other professional's comments?

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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 behaviour:

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(b) working relationship between professionals (including same profession and interdisciplinary teams):

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(c) interest based negotiation skills:

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5. Please comment on the applicant's suitability for admission to the British Columbia Collaborative Roster Society:

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6. May we contact you if more information is required?

Your name \_\_\_\_\_ Your profession \_\_\_\_\_

Your address \_\_\_\_\_ Your phone no. & email \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please email this Letter of Reference to: [info@bccollaborativerostersociety.com](mailto:info@bccollaborativerostersociety.com)

**OR** send us an email to obtain our mailing address.