



**Declaration  
On Application for Child Protection Mediation Training**

I, \_\_\_\_\_ (name) in submitting my application for the Ontario Child Protection Mediation training acknowledge and agree to the following:

1. I confirm that all the information contained in my application and supporting documents provided to the Ontario Association for Family Mediation (OAFM), including my qualifications and experience are true and accurate.
2. I have read and agree to adhere to the terms of the OAFM Standards of Practice.
3. I have and will continue to maintain professional liability insurance coverage in an amount of no less than \$1,000,000 and will provide proof of coverage as it is renewed annually to OAFM, for as long as I wish to remain on the Ontario Child Protection Mediation Roster.
4. I have and will continue to provide proof of a valid Vulnerable Sector Screen every three years to OAFM.
5. Once placed on to the roster, I agree to identify myself as a Child Protection Mediator (CPMed) when describing my relationship with the Ontario Child Protection Mediation Roster.
6. I understand that any formal complaint lodged against me as a Child Protection Mediator will be investigated by the OAFM Complaints Committee adhering to the OAFM Complaints Procedure and if the complaint is upheld the nature of the complaint and remedial steps will be shared with the relevant ADR Transfer Payment Agency.
7. I understand the Ontario Child Protection Mediation Roster is managed and administered by OAFM pursuant to a contract with the Ministry of Children, Community and Social Services.
8. I acknowledge that by participating in the Child Protection Mediation Training it does not guarantee by OAFM placement on the Ontario Child Protection Mediation Roster, a continuance in the practice of Child Protection Mediation, or any offer of future employment, contracts or referrals by an ADR Transfer Payment Agency

Signed in \_\_\_\_\_ (city/town), Ontario on \_\_\_\_\_ (date).

Signature \_\_\_\_\_