

DECLARATION

I, _____ (please print) in submitting my application to participate in the Ontario Child Protection Mediation training, and on my successful completion of the training, to have my name included on the Ontario Child Protection Mediation Roster, acknowledge and agree to the following:

1. I confirm that all the information contained in my application and supporting documents provided to the OAFM, including my qualifications and experience, are true and accurate.
2. I have read and agree to adhere to the terms of the Ontario Child Protection Mediation Code of Professional Conduct (OAFM).
3. I understand that the OAFM will remove the name of 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 Ontario Child Protection Mediation Code of Professional Conduct.
4. I have and will continue to maintain professional liability insurance coverage in an amount no less than \$1,000,000, and will provide proof of coverage annually to the Program Manager, Ontario Child Protection Mediation Roster, for as long as I wish to remain on the Ontario Child Protection Mediation Roster.
5. I have and will continue to provide proof of a valid police check every three years to the Program Manager, Ontario Child Protection Mediation Roster.
6. I understand that any formal complaint lodged against an Ontario Child Protection Mediation roster member will be logged by the Program Manager, Ontario Child Protection Mediation Roster, and forwarded to The Ministry of Children and Youth Services.
7. I agree to only identify myself as a Child Protection Mediation Roster Mediator (CPMed), Ontario Child Protection Mediation Roster, when describing my relationship with the Ontario Child Protection Mediation Roster. I agree there will be no reference in my promotional material to providing services for the Court, or for the Ontario Government, nor any statement that I have been endorsed or qualified by the Court or the Ontario Government in any way.
8. I understand that the Ontario Child Protection Mediation Roster is being managed by the OAFM pursuant to a contract with the Ministry of Children and Youth Services, and that this contract is subject to termination on 60 days' notice. I agree that I will not hold the OAFM or the Ministry responsible in any way for any impact, financial or otherwise, as a result of the cancellation of the contract between the OAFM and the Ministry.

Signed in _____, Ontario Date: _____

Signature: _____