

Application Form
Child Consultant Status



General Information

Last Name:	First Name(s)
Organization:	
Address including Postal Code:	Work Phone:
	Other:
Email Address:	

Practice Description (for the Directory and the website)

Provide a (max 50 word) practice description which will be published on the AFMS website.

Annual fees:	General Membership (all levels of membership)	\$ 160.00
	Child Consultant (CC) Membership	\$ 60.00

List **your** website as a link on your AFMS profile

Website: _____

Total (no GST) \$ 220.00

Please make cheque* payable to Alberta *family* Mediation Society; **OR**

Visa/MC # _____ Expiry _____

*CVV _____

*For Visa/Mastercard, the three-digit CVV number is printed on the signature panel on the back of the card immediately after the card's account number.

Signature _____

**CHECKLIST OF DOCUMENTS TO BE INCLUDED WITH YOUR APPLICATION
FOR CHILD CONSULTANT STATUS**



Evidence of Educational Qualifications

Photocopies of Degrees and/or Certificates

Detailed list of all basic mediation training courses completed

Include date, title of course, hours and course provider for each course

Detailed list of all Child Consultant training and assessment courses completed

Include date, title of course, hours and course provider for each

Evidence of Malpractice Liability Insurance

Photocopy of receipt and/or evidence of current policy

Signed and Commissioned Statutory Declaration

Below

Membership fee(s) as above

(cheque made payable to Alberta Family Mediation Society or credit card information)

STATUTORY DECLARATION

CANADA) **IN THE MATTER OF CHILD CONSULTANT**
PROVINCE OF ALBERTA) **TRAINING CONTENT AND**
TO WIT) **REQUIREMENTS**

I, _____ of _____, Alberta,
DO SOLEMNLY DECLARE THAT:

- 1) I have reviewed the Education and Experience requirements for being a Child Consultant through the Alberta Family Mediation Society (“AFMS”).
- 2) I have reviewed the current minimum required content policy of AFMS for 35 hours of Basic Mediation Training and I have taken one or more courses that have provided me with coverage of all the topics listed in the current minimum required content policy of AFMS for Basic Mediation Training.
- 3) I have taken the required Specialized Child Consultant Training with Assessment courses for Child Consultant status as outlined in the Child Consultant designation/Child Inclusive Specializations requirements.
- 4) I agree to provide the board of directors of AFMS with documentation verifying the courses I have taken and their content upon request.
- 5) I agree to subscribe to the Members’ Code of Professional Conduct approved by the Alberta Family Mediation Society.

AND I MAKE THIS SOLEMN DECLARATION conscientiously believing the same to be true, and knowing it is of the same force and effect as if made under oath, and by virtue of *The Canada Evidence Act*.

DECLARED at _____)
in the Province of Alberta)
this _____ day of _____,)
A.D. 20____) _____
Signature of Declarant

**A COMMISSIONER FOR OATHS IN
AND FOR THE PROVINCE OF ALBERTA**