

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 \_\_\_\_\_

Signature \_\_\_\_\_

**If possible, please email application and all supporting documents to us at  
info@afms.ca**

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



**Evidence of Educational Qualifications**

Photocopies of Degrees or Certificates

**Detailed list of all basic mediation training courses completed**

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

**Detailed list of all child consultant training and assessment courses  
completed**

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

**Evidence of Malpractice Liability Insurance**

Photocopy of receipt and/or evidence of current policy

**Signed and Commissioned Statutory Declaration**

Below

**Membership fee 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**