# Application Form for the Designation

*Application Number (Office Use Only):*

# of Qualified Mediator Q.Med

*For Office Use Only:*

*Application Received Date*

*Application Fee Received Date*

**Please note the following:**

* You must be a Full member in good standing of the ADR Institute of Alberta, which includes a membership with ADR Canada to apply to be a Qualified Mediator.
* Applications for the Q.Med are to be provided to your regional affiliate.
* Your application will not be processed until your application fee of $200 plus GST has been received.
* You will be required to sign and submit the Declaration of Insurance form, indicating that you have Errors and Omissions Insurance with a limit of at least $1 million aggregate or check the appropriate box for an exemption of the requirement.
* Your application must be provided in legible form and with all attachments clearly labelled as directed in this application form.
* Preferred method of application submission is by email: membership@adralberta.com
* Incomplete applications will not be processed.

**1) APPLICANT INFORMATION**

|  |  |
| --- | --- |
| **APPLICANT NAME:** | Click or tap here to enter text. |
| **MAILING ADDRESS:** | Click or tap here to enter text. |
| **POSTAL CODE:** | Click or tap here to enter text. |
| **TELEPHONE:** | Click or tap here to enter text. |
| **FAX:** | Click or tap here to enter text. |
| **EMAIL (Required):** | Click or tap here to enter text. |
| **OCCUPATION:** | Click or tap here to enter text. |
|  | **Are you a FULL member in good standing of the ADR Institute of Alberta?**  **Yes  No** |

\***Please attach a one-page biographical outline.**

**2) GENERAL BACKGROUND — FORMAL EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Degrees/Certificates** | **Year Granted** | **Institution Name** | **Location** |
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**If you require more space to complete this section, please provide as ATTACHMENT 2**

**3) EMPLOYMENT***Please outline your employment for the past 10 years, listing employers, dates and type of employment.*

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| **Employer** | **Dates** | **Type of Employment** |
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**If you require more space to complete this section, please provide as ATTACHMENT 3**

**4) MANDATORY EDUCATION**

**A) Mediation Training** (minimum 40 hours) \*

*List and describe the training (program, instructor, duration, date) which you have taken in mediation theory and skills. Please attach evidence of completion of these programs, where available****.*** *(\* A single 40-hour mediation course approved by ADRIA or ADRIC, that meets the requirements of basic mediation training is required.)*

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| **Training Program** | **Instructor** | **Duration** | **Date** |
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**If you require more space to complete this section, please provide as ATTACHMENT 4(a)**

**AND B) Specialized Training** (minimum 40 hours)

*List and describe the related training and education (program, instructor, duration, date) which you have taken in dispute resolution generally, for example courses in conflict resolution, negotiation, communication, advanced mediation, ethics in dispute resolution, multiparty negotiation strategies, how to start a mediation business, designing systems for conflict management in organizations, when and how to use mediation case development, influence of culture on conflict resolution approaches, and resolving difficult workplace issues. You may be required to explain how a program is related. Please attach evidence of completion of these programs, where available*.

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| **Training Program** | **Instructor** | **Duration** | **Date** |
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**If you require more space to complete this section, please provide as ATTACHMENT 4(b)**

**AND C) ADR Ethics Training** (minimum 6 hours)

*List and describe the related training (program, instructor, duration, date). Please attach evidence of completion of this program.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Program** | **Instructor** | **Duration** | **Date** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**5) MEDIATION EXPERIENCE** *(attach additional pages as necessary)*

a)Conducted three mediations:

**One Actual Mediation** (live, with real parties, not a role-play) paid or unpaid. Please see requirements and the end of this document.

**One Supervised Mock Mediation** Candidates must meet a specific set of standards to be deemed competent. There is a cost associated with this review. Please see Supervised Mock Mediation Guidelines at the end of this document.

**One additional Actual Mediation or Supervised Mock Mediation.** Please see requirements and the end of this document.

*Please list and give specifics of actual mediations*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **No. of Parties** | **Issues Mediated (use separate sheet if necessary)** | **Date** | **Paid or Unpaid** | **Duration** | **Sole/Co-Mediator** |
| 1. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| 6. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**If you require more space to complete this section, please provide as ATTACHMENT 5(a)**

b) How much of your time is engaged as a mediator?

Click or tap here to enter text. full time;

Click or tap here to enter text. hours;

Click or tap here to enter text. %

c) Describe your mediation experience, including the total number of cases mediated and the process followed:

|  |
| --- |
| Click or tap here to enter text. |

d) Do you work as a sole mediator or as a co-mediator?

sole  co-mediator  both

e)State areas of specialization, if any, and the area of most of your mediations (e.g. commercial, insurance, labour, family, construction, etc.).

Specializations:

|  |
| --- |
| Click or tap here to enter text. |

Area of most of your mediations:

|  |
| --- |
| Click or tap here to enter text. |

f) What percentage of your mediations are fee paid? Click or tap here to enter text. %

g) Number of years you have practiced as a mediator? Click or tap here to enter text. years

h) Are you certified, accredited or chartered as a mediator elsewhere? Yes No

i) if so, where?

|  |
| --- |
| Click or tap here to enter text. |

  ii) any awards or recognition related to your mediation work or dispute resolution work

|  |
| --- |
| Click or tap here to enter text. |

iii) any training or education programs developed and given by you (description, course agenda, hours, list of reference materials).

|  |
| --- |
| Click or tap here to enter text. |

1. Provide 3 Letters of Recommendation (1 character/personal and 2 professional) of your services as a mediator (preferably by persons who have experienced or observed your mediation skills) and which describe your process, skills and approach. These Letters of Recommendation should speak to your industrious abilities, accomplishments, seriousness of purpose and capacity as a mediator. Include any information that may not be readily apparent from education, skills assessments, test scores, transcripts or even in an interview. The letter should speak to your character (integrity, ethics and leadership qualities).  Also have the referee explain their connection to you and how long they have known you. Guidelines for the Professional Letters of Recommendation can be found at the end of this document.

**6) COMMITMENT TO CONTINUING EDUCATION**

I understand that I am required to accumulate **20** Continuing Education & Engagement (CEE) points through activities outlined in the ADRIC CEE Point System every year after being awarded the Q.Med designation, and to provide ADRIC with a CEE activities report by December 31st each year.

**7) OTHER INFORMATION**

a) Please provide any other information which supports your application.

b) Are you a full member of ADRIA?  yes  no

since?Click or tap to enter a date.

c) List all dispute resolution organizations of which you are a member and the date of admission.

|  |  |
| --- | --- |
| **Organization** | **Date of Admission** |
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**If you require more space to complete this section, please provide as ATTACHMENT 9(c)**

d) Have you previously applied for a Qualified Mediator designation? If so, when and where?

|  |
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| Click or tap here to enter text. |

**8) INSURANCE**

I understand that as a Qualified Mediator I will be required to sign and submit the Declaration of Insurance form, indicating that I have Errors and Omissions Insurance with a limit of at least $1 million aggregate or check the appropriate box for an exemption of the requirement.

Insurance specifically relating to practice as an ADR professional is required.

**9) CONSENT**

By signing and submitting this form I understand and consent to members of the applicable Accreditation Committee of the ADR Institute of Canada and the Board of Directors of the ADR Institute of Canada reviewing my application and supporting documents.

**10) PLEDGE**

As a Qualified Mediator, I pledge to comply with the Code of Ethics of the ADR Institute of Canada.

I understand and that a violation of the Code of Ethics could result in the revocation of my Q.Med designation.

I understand that I am required to maintain my membership in good standing of a regional affiliate of the ADR Institute of Canada.

I understand that if my application assessment is successful, my regional affiliate will forward my application to ADRIC with a recommendation for approval. On ADRIC's approval, the first year's annual designation dues will be immediately payable (prorated if applicable) before the certificate is sent and my member profile updated. I further understand that in addition to membership dues, payable to my Regional Affiliate, an annual designation fee (established from time to time by the Board of Directors) are payable to ADRIC every January to maintain my Qualified Mediator designation once granted.

I certify that the information provided in this application is complete and accurate and that, to the best of my knowledge, I am qualified for the designation of Qualified Mediator (Q. Med). I acknowledge that all communication regarding my application may be by e-mail. I grant consent to ADRIA to use my personal information to administer the Qualified Mediator application process, forward my personal information to ADR Canada to complete the application process, and contact me when necessary. I have enclosed the completed application form, checklist, supporting documents and application fee.

Date: Click or tap to enter a date.

Name (print): Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| DECLARATION |  |

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| I declare that…   1. I am a member of good standing of the ADR Institute of Canada, Inc. and the ADR Institute of Alberta. 2. I have met the criteria and conditions of educational theory and skills training as approved by ADR Institute of Canada, Inc. and the ADR Institute of Alberta. 3. I have conducted the practical experience approved and required by ADR Institute of Canada, Inc. and the ADR Institute of Alberta. 4. I will provide additional supporting documentation if requested by the ADR Institute of Alberta. 5. Any misrepresentation by me in this application, or in any documentation I provide, will be sufficient cause for revocation of my Qualified Mediator designation and termination of my membership with my ADR Institute of Alberta. 6. I have read and agree to abide by the National Code of Ethics and the Code of Conduct for Mediators.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Signature Date |
|  |
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| **AUTHORIZATION FOR REFERENCE CHECK** |

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| --- |
| I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Alberta, HEREBY AUTHORIZE any past or present employer, or other person, to furnish any applicable information and/or to participate in direct reference checks as requested by the ADR Institute of Alberta to assess my suitability for a designation granted by the ADR Institute of Canada.  I understand that such information will be held in strictest confidence by the ADR Institute of Alberta. |

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Witness  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |

|  |
| --- |
| The personal information collected in, and in response to, this form is collected and managed in compliance with Alberta’s Personal Information Protection Act (PIPA). Information obtained will be used for the sole purpose of assessing the suitability of a person for a designation. |

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| **CONSENT TO VERIFY POST SECONDARY**  **ACADEMIC CREDENTIALS** | | | |
| I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Alberta, HEREBY AUTHORIZE the ADR Institute of Alberta to contact the institutions that I have referenced, in order to validate the authenticity of identified post secondary academic credentials. These credentials can also include certificates obtained from an educational institution(s) offering training in ADR.  The consent will be valid for a period not to exceed one year from the date of signing. | | |
| **STUDENT INFORMATION:** | | |
| Surname  Click or tap here to enter text. | First Name  Click or tap here to enter text. | Middle Names  Click or tap here to enter text. |
| Maiden or previous name  Click or tap here to enter text. | | Date of Birth (month/date only) Click or tap here to enter text. |

ADRIA Use Only

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Institution | Academic Credential Received (degree/diploma/certificate) | | Date of Graduation (month/year only) | Date Verified | Initial of ADRIA Agent |
| 1. Click or tap here to enter text. | Click or tap here to enter text. | |  |  |  |
| 2. Click or tap here to enter text. | Click or tap here to enter text. | |  |  |  |
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**Insurance DECLARATION**

As part of the Gold Standard approach to ADR in Canada, the ADR Institute of Canada requires active Chartered Mediators, Chartered Arbitrators, Qualified Mediators and Qualified Arbitrators to provide proof of a minimum of $1 million insurance coverage for their protection and for the protection of those for whom they provide services.

I hereby declare that:

I have errors and omissions insurance that covers me for all mediation and arbitration activities with a minimum limit of $1 million dollars. I agree to provide proof of current coverage immediately upon request. (I acknowledge that ADRIC runs a spot audit program that randomly requires that I provide proof of current coverage immediately upon request.)

I am insured under the ADRIC Insurance Program.

Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I act as an Arbitrator and/or Mediator for my employer only and do not perform arbitrations or mediations outside the scope of my employment. I agree to notify ADR Institute of Canada and provide proof of insurance before acting as an arbitrator or mediator other than within my employment.

I am fully retired and no longer conduct arbitrations or mediations. I agree to notify ADR Institute of Canada and provide proof of insurance before conducting any arbitration or mediation.

NAME:Click or tap here to enter text.

ADDRESS: Click or tap here to enter text.

TELEPHONE: Click or tap here to enter text.E-MAIL: Click or tap here to enter text.

SIGNATURE: DATE:Click or tap to enter a date.

**Professional Association Insurance Coverage**

Important note: If you are a member of a professional organization, you cannot assume that your organization's insurance covers you as an ADR practitioner.

**Qualified MEDIATOR**

**Application Form Checklist**

**BEFORE SUBMITTING YOUR APPLICATION:**

This checklist has been designed to assist you in your application process and to ensure that all requirements have been met or addressed. Please submit this checklist with your application.

* I am a Full member in good standing of the ADR Institute of Canada (ADRIC) through the ADR Institute of Alberta;
* Completed all parts of the application form (Fill out all areas in the form in addition to attaching supporting documents);
* Attached a one-page biographical outline (not a resume);
* Listed all mediation training, other ADR training, and ethics training;
* Supplied evidence of training (e.g. copies of certificates);
* Outlined Mediation Experience;
* Submitted documentation supporting Experience requirements;
* Completed and signed (1) Applicant Declaration, (2) Consent to Verify Post Secondary Academic Credentials, and (3) Authorization for Reference Check;
* Supplied a minimum of 3 Letters of Recommendation (1 character/personal and 2 professional);
* Completed and Signed the Pledge;
* Listed ADR memberships and involvement in ADR organizations;
* Provided proof of Errors & Omissions Insurance;
* Payed the Q.MED. Application fee ($ 210 including GST) once invoiced; and
* Provided any other information to support your application.

**Professional Letter of Recommendation Guidelines for**

**Person Writing the Letter**

Professional letters of recommendation play an important part in the assessment of Qualified Mediator (Q.MED.) applicants and we thank you for providing your candid assessment of the applicant.

If you would please email or mail your signed letter of recommendation directly to the following address this would be appreciated:

**ADRIA Designations Committee**

**#225 Tower 1**

**3697 Mill Woods Road NW**

**Edmonton, AB**

**T5K 3L6**

**TEL: (780) 433-4881**

**FAX: (780) 433-9024**

**EMAIL: membership@adralberta.com**

**Please include the following information in your professional letter of recommendation:**

1. Name of applicant
2. Name, position and title of person writing the letter of recommendation
3. Contact information of person writing the letter of recommendation
4. Capacity in which you have known the applicant in relation to his or her work as a mediator  
   1. Party to a mediation conducted by applicant
   2. Counsel in mediation conducted by applicant
   3. Co-mediator
   4. Other
5. How well and for how long have you known the applicant?
6. Please comment and provide your opinion of the applicant with respect to these competencies:  
   1. Ability to run and manage the mediation process effectively in a fair, impartial and respectful manner;
   2. Ability to get the facts, issues and perceptions of all parties clearly out on the table;
   3. Preserves party autonomy in decision making;
   4. Ability to uncover parties’ needs and interests;
7. Regardless of settlement outcome, would you work with this mediator again? Why or why not?
8. Any other comments you consider relevant to the evaluation of the applicant’s skill, ability and integrity as a mediator.

**Mediation Experience Guidelines**

The Qualified Mediator designation requires the candidate to have conducted three (3) mediations.

* **One Actual Mediation**.
* **One Supervised Mock Mediation**
* **One additional Actual Mediation or Supervised Mock Mediation**

**Actual Mediation Guidelines**

The mediation must be with real parties (not a role-play). The mediations can be paid or unpaid and they can be a sole mediation or a co-mediation. The candidate is expected to have conducted the entire Mediation from start to finish, including pre-mediation where appropriate. The candidate must complete all stages/phases of the mediation model during the Actual Mediation.

If it is a co-mediation, the applicant must clearly have been the lead mediator, not simply a co-mediator. While there is no hard and fast determination, criteria for being lead mediator in a co-mediation may include some of the following indicators: The applicant chaired the mediation; The applicant took a primary role is running the session; The applicant organized the process during the mediation by actively guiding the discussions, delegating time to the other mediator and/or the parties, and having primary voice during the session; It will be the responsibility of the applicant to describe and establish that they were the lead mediator in a co-mediation for it to count toward the required number of mediations.

For each mediation (minimum of one and up to two required), the candidate must provide a description of the mediation, which should include the following:

* Number of parties and their relationship to each other
* Duration of mediation
* The initial positions of the parties
* Comment on each stage of the process and how it was conducted. Include:
  + how you set up the mediation
  + the issues mediated and how they were identified
  + the interests uncovered and how each interest was confirmed
  + the brainstorming process, and how the options were evaluated
* What was the resolution?
* What interventions or strategies did you use to shift the parties from positions to interests?
* What did you do that was effective in increasing parties’ understandings of each other’s perspectives?
* What would you do differently if you had a chance to do it over?
* Comment on any conflict of interest or perception of conflict of interest and how it was dealt with, (if applicable).

Please limit the write up to two pages for each mediation and do not include names or other confidential or identifying information.

Attach redacted copies of the Agreement to Mediate and Mediated Agreement.

For a co-mediation, please provide the name of your co-mediator along with their contact number and email address. Describe your role as lead mediator for this mediation (maximum one page).

Note: The Mediation Designation Committee may wish to interview the Candidate as part of the application process.

**Supervised Mock Mediations Guidelines**

A “Supervised Mock Mediation” is a role play mediation involving two parties. It is conducted solely by the Q. Med. candidate. It may not be a co-mediation. The Q. Med. candidate is expected to conduct the entire mediation from start to finish for at least one hour and up to one and a half hours in duration. The candidate must complete all stages/phases of the mediation model in the mock (role play) mediation. The candidate is expected to complete a summary of interests (goal statement), move the parities into brainstorming/ option generation, and test the options against the interests identified in the summary goal statement.

Supervisors are Chartered Mediators approved by ADRIA to assess the candidates mock mediation demonstration. The supervisor(s) of the mock mediations must assess the candidate as having the ability to effectively manage the mediation process including the parties’ engagement and expectations for a two-party mediation of basic-to-moderate complexity. The Supervised Mock Mediation is conducted separately and apart from any classroom evaluation occurring as part of the students’ mediation training, either at ADRIA or another approved mediation program. There is a cost associated with this review.

Supervised Mock Mediations are arranged by the ADR Institute of Alberta**. Please contact education@adralberta.com to schedule your supervised mock mediation.**

**Supervised Mock Mediation Review Form**

|  |
| --- |
| **Name of Candidate:**  **Phone:**  **Email:** |

|  |  |
| --- | --- |
| **Name of Supervisor:** | **Date of Mock Mediation:** |

Please note: You must be on ADRIA’s roster of approved supervisors to complete this form.

**PART 1:**

**Application of Mediation process & skills**

1. Ability to establish and describe to the parties key mediation processes and ground rules, such as confidentiality, role of the mediator, caucusing and authority to settle.

[ ] Met or exceeded expectations [ ] Did not meet expectations [ ] Did not observe

Comments:

1. Ability to work with strongly felt ideas or values of the parties.

[ ] Met or exceeded expectations [ ] Did not meet expectations [ ] Did not observe

Comments:

1. Ability to deal with strong emotion.

[ ] Met or exceeded expectations [ ] Did not meet expectations [ ] Did not observe

Comments:

1. Ability to separate the mediator’s personal views from issues under consideration.

[ ] Met or exceeded expectations [ ] Did not meet expectations [ ] Did not observe

Comments:

1. Ability to listen actively.

[ ] Met or exceeded expectations [ ] Did not meet expectations [ ] Did not observe

Comments:

1. Ability to work with the parties effectively to get the facts, issues and perceptions clearly out on the table.

[ ] Met or exceeded expectations [ ] Did not meet expectations [ ] Did not observe

Comments:

1. Ability to treat the parties and to run the mediation process in a fair, all-partial, respectful and dignified manner.

[ ] Met or exceeded expectations [ ] Did not meet expectations [ ] Did not observe

Comments:

1. Ability to ensure that all parties have an opportunity to participate in the process.

[ ] Met or exceeded expectations [ ] Did not meet expectations [ ] Did not observe

Comments:

1. Ability to facilitate increased understanding.

[ ] Met or exceeded expectations [ ] Did not meet expectations [ ] Did not observe

Comments:

1. Ability to uncover parties’ needs and interests.

[ ] Met or exceeded expectations [ ] Did not meet expectations [ ] Did not observe

Comments:

1. Ability to assist the parties to make their own informed choices.

[ ] Met or exceeded expectations [ ] Did not meet expectations [ ] Did not observe

Comments:

1. Ability to assist the parties to evaluate their options effectively.

[ ] Met or exceeded expectations [ ] Did not meet expectations [ ] Did not observe

Comments:

1. Ability to demonstrate adherence to ethical principles and values.

[ ] Met or exceeded expectations [ ] Did not meet expectations [ ] Did not observe

Comments:

**PART 2:**

1. Did you observe this Q. Med candidate conducting a mock (role-play) mediation from start to finish (all stages/phases) of at least one hour in duration under your supervision?

[ ] Yes [ ] No

Comments:

1. Was the candidate able to manage the parties effectively such that the parties could focus and work on the issues in dispute?

[ ] Yes [ ] No [ ] Not able to tell

Comments:

1. Overall, does the candidate have good communication and intervention skills?

[ ] Yes [ ] No [ ] Not able to tell

Comments:

1. Overall, did this candidate run an effective mediation process such that the parties were supported through an Interest Based Model?

[ ] Yes [ ] No [ ] Not able to tell

Comments:

1. Would you recommend this individual if a friend/family member needed a mediator for a moderately complex situation involving two parties?

[ ] Yes [ ] No [ ] Yes, but with reservations

Comments:

**Based on the criteria set by the Designation Committee, would you recommend this candidate for a Qualified Mediator Designation?**

[ ] Yes [ ] No

**Final comments and/or explanatory notes:**

**Supervisor Signature:**