



BRITISH COLUMBIA ARBITRATION AND MEDIATION INSTITUTE

Suite 203 – 1530 56th St, Tsawwassen, BC V4L 2A8

Phone (604) 736-6614, toll free in BC 1-877-332-2264; Fax: (604) 736-6611

Application for Mediator Roster Status

Name: Given _____ Surname: _____

Company Name (if applicable): _____

Mailing address: _____

City & Prov.: _____ Postal Code: _____

Telephone: () _____ Fax: () _____

Email address: _____

Primary Occupation: _____

1. EDUCATION

Degree or Certificate(s)	Year obtained	Name/Location of Institution
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(a) General

(b) Describe mediation, conflict management, negotiation training program, include dates/duration.

2. RECORD OF EMPLOYMENT (for past five years)

Employer:

Address: _____ From _____ to _____

Type of employment:

Employer:

Address:

From

to

Type of employment:

Employer:

Address:

From

to

Type of employment:

3. MEDIATION EXPERIENCE

4. OTHER RELEVANT EXPERIENCE

5. I have, have not, acted as a mediator in (a) commercial, how often _____

(b) domestic/family mediation, how often _____

6. I have, have not, taken part in (a) commercial: yes _____ no _____

(b) family mediation as a party or representative of a party: yes _____ no _____

7. I have successfully passed a seminar/training course(s) in mediation organized by the Justice Institute of BC or other provincial body (indicate which and when).

8. PLEDGE

As a Member of BCAMI, I pledge that I will comply with the Code of Ethics of the BCAMI.

I certify that the information provided herein is complete and accurate.

Name (print): _____

Signature: _____

Date: _____