



Level 1 Introduction to Collaborative Practice Training

**September 28 -29, 2017
1033 Bay Street, Ste. 314, Toronto M5S 3A5**

Toronto Team Trainers

Victoria Smith, JD, C.Med., Cert. CFM (FMC)

Deborah Graham, B.A. Hons, LL.B, Acc.FM (OAFM)

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Level 1 Introduction to Collaborative Practice

This workshop will be highly experiential, interactive, involving demos, exercises and role plays, and will cover:

- **The collaborative approach**
- **The new lawyer – redefining advocacy for conflict resolution**
- **The Collaborative Professionals - roles of interdisciplinary team members**
- **The importance of neutrality**
- **Interest-based negotiation – the foundation of Collaborative Practice**
- **Overview of an interdisciplinary collaborative case**
 - Screening and Designing Process
 - The initial client interview
 - Client preparation
 - Professional preparation
 - The first settlement meeting
 - The critical team debrief
- **Starting and building a Collaborative Practice**

This training meets CPT, OCLF and IACP standards for trainings and trainers

****This training contains 4 Professionalism hours and 10 Substantive hours****

Please complete and return the attached registration form and payment to confirm your space.

Note: Materials and protocols will be provided.



COLLABORATIVE
PRACTICE

Resolving Disputes Respectfully

Level 1 Introduction to Collaborative Practice
Registration Form

Name: _____

Profession: _____

Address: _____

Contact: (e-mail) _____

(phone) _____

Early-bird (before August 21, 2017, 2017, \$725 plus \$94.25 H.S.T., for a total of \$819.25
After August 21, 2017, \$775 plus \$100.75 H.S.T., for a total of \$875.75

*Cancellation Policy: by August 24, 2017, full refund with \$25 administration fee;
by August 31, 2017, 50% refund with \$25 administration fee; no refund after September 7, 2017.*

Method of Payment:

Cheque for \$_____ made payable to Family Finance Solutions Inc. is enclosed

OR

Please charge \$_____ to my VISA, MC (please circle one)
Your credit card statement will show Family Finance Solutions Inc. in relation to this fee.

Name on card: _____

Credit Card No. _____ Expiry Date: ____/____ CCV No. _____

Please note: Your credit card statement will show payment to Family Finance Solutions Inc.

x _____

Cardholder signature

Please fax to (905)833-7156, e-mail to Alison at alison@alisonanderson.ca, or mail to

Family Finance Solutions Inc.
1033 Bay Street, Ste. 314
Toronto M5S 3A5

*For information please contact Alison Anderson by email at alison@alisonanderson.ca
or by phone at (416) 884-2842*