

Practice Group Retreat Pilot Project

**APPLICATION**

PRACTICE GROUP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

When was your practice group established? \_\_\_\_\_

How many members are in your group? \_\_\_\_\_ Lawyer(s)

\_\_\_\_\_ Family Professional(s)

\_\_\_\_\_ Financial Professional(s)

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Please answer the following questions to the best of your ability. Your answers will help us to determine how we can help your group.

1. Why do you want your group to attend this retreat?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What do you want to achieve as a result of the retreat?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What are some of the specific challenges facing your community?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If the retreat is successful, what will be different in your community 1 year from now? and 2 years from now?

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5. Why is this a good time to hold the retreat?

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6. How many people do you think will come to the retreat?

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Any other information that may help us to understand your current situation and/or your needs:

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Chair of Local Collaborative Practice Group

\*Send completed application to: Lori Lawson  
by e-mail to [lori@grahamandshouldice.ca](mailto:lori@grahamandshouldice.ca) or  
by mail to 124 Merton Street, Suite 300, M4S 2Z2 Toronto, Ontario or  
by fax at 416-597-9764 -- Attention Deborah Graham