



Level 1 Introduction to Collaborative Practice Training

September 28 -29, 2017

**Centre for Social Innovation
RP Meeting Room 1
585 Dundas Street East, Toronto**

Collaborative Team Trainers

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

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

Sheila Brown, M.S.W., R.S.W., Acc.FM (OAFM)

Alison Anderson, CFP, FDS, RRC

Laurie Stein, LL.B., M.S.W., R.S.W.

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 August 31, 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.

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

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