



# *Level 1 Introduction to Collaborative Practice Training*

**October 18 - 19, 2018**

**Location: Downtown Toronto (to be confirmed)**

## **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 September 14, 2018) \$725 plus \$94.25 H.S.T., for a total of \$819.25  
After September 14, 2018, \$775 plus \$100.75 H.S.T., for a total of \$875.75

*Cancellation Policy: by September 17, 2018, full refund with \$25 administration fee;  
by September 24, 2018, 50% refund with \$25 administration fee; no refund after September 24,  
2018.*

**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](mailto:alison@alisonanderson.ca), or mail to***

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or by phone at (416) 884-2842*