



A. Grenville & William Davis Courthouse,  
Room 250, 7755 Hurontario Street, Brampton, ON L6W 4T1

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[Email: info@peelfamilymediation.org](mailto:info@peelfamilymediation.org)

## **Internship Application Form**

Salutation: Mr.    Ms.    Dr.    Prof.    Judge

Name:

Today's date:

Address:

City:

Postal Code:

Telephone/Email: (Business #)

(Home #)

(Cell #)

Main Email

### **Professional Post Secondary Education**

**Institution**

**Degree**

**Date Completed**

### **Mediation Training**

**Date Completed**

Program / Trainer:

Program / Trainer:

### **Mediation Experience**

Number and types of cases mediated (e.g.: Family, Court, etc.)

### **Special Interests / Expertise:**

### **Other Services Offered:**

### **Languages Spoken Fluently:**

**Professional Liability Insurance in Effect:** Yes    No

Name of Insurer:

Policy Number:

Please describe your objectives to be met during Internship:

Are you a member of an Alternative Dispute Resolution organization? Yes      No If yes, please specify:

**References:**

Please Complete and Fax, E-Mail Drop off.