REFERENCE IN SUPPORT OF APPLICATION

TO THE CLINICAL PANEL OF THE OFFICE OF THE CHILDREN'S LAWYER

RE:

NAME OF APPLICANT

Thank you for providing a reference for the above-named applicant. Please provide your candid responses to the following questions and return the completed form as soon as possible in one of two ways:

- a. return the form to the applicant, who will then submit this reference as part of his/her application; or
- b. send the form directly to the Office of the Children's Lawyer by email to OCLApplications@ontario.ca, fax to 416-314-8050, or by mail to the address below.

Address:

Office of the Children's Lawyer 393 University Avenue, 14th floor Toronto, Ontario, M5G 1E6 Attention: **Nicole Hudon, Empanelment and Training Coordinator**

Accompanying this reference form is a copy of the selection criteria.

1. In what capacity do you know this applicant? How long have you known the applicant?

2. In what ways do you think this applicant is suitable to provide clinical work on behalf of the Office of the Children's Lawyer?

3. Do you have any concerns about the applicant's professional skills or conduct?

4. Please rate this applicant on the following:

Attribute	Strong	Average	Weak	Do Not Know
1. Overall professional presentation				
2. Ability to relate to and work with:				
a. adult clients				
b. children				
c. other professionals				
d. lawyers and the legal system				
3. Interviewing skills				
4. Writing skills				
5. Evaluative and analytical skills				
6. Knowledge of and experience in working with separation, divorce and family conflict				
7. Dispute resolution skills				
8. Current knowledge of relevant literature and research				
9. Reliability				
10. Organizational and time-management skills				
11. Can work independently				
12. Follows direction and consults as necessary				
13. Professional judgment				
14. Common sense				

5. What do you consider to be the applicant's strengths and weaknesses?

6. Do you recommend this applicant to be appointed to the Clinical Panel of the Office of the Children's Lawyer?

7. Do you have any other comments relevant to this applicant's request to be appointed to the Clinical Panel of the Office of the Children's Lawyer?

8. On occasion, we may need to contact you if more information is required

Referee Name:

Position:

Address:

Phone No.:

Fax No .:

E-mail address:

(Signature)

(Date)

OCL Clinical Reference form-ENG (10272015)

CLINICAL PANEL OF THE CHILDREN'S LAWYER MINISTRY OF THE ATTORNEY GENERAL

SELECTION CRITERIA

- Master's Degree in social work or equivalent
- Knowledge and experience in issues of separation, divorce and family conflict
- Knowledge of child development and experience working with children and families
- Specialized knowledge in child abuse, alienation, domestic violence and substance abuse
- Significant professional experience in conducting assessments
- Working knowledge of court procedures, relevant legislation and caselaw
- Cross-cultural experience, and written and verbal ability in languages additional to English will be considered assets