

Self – Represented Parties: Challenges for Agency Staff and How to Meet Them

**June 22, 2011
9:00 am – 12:00 pm
Superior Room, Queens Park
Toronto, Ontario**

**Organized by Society of Ontario Adjudicators & Regulators
also known as SOAR**

Who Should Attend?

Individuals from Agencies, Boards and Commissions Including:
Frontline and Administrative Employees
Management Staff
Registrars/General Manager

What You Will Receive:

1. Interactive discussion on common challenges faced by Self-Represented parties and staff.
2. Process overview on how certain panelists provide support and/or advice to Self-Represented Parties in their operations.
3. Tips and strategies on how to provide clear expectations on your processes and proactively meet the needs of the Self-Represented Party.
4. Success stories: the importance of getting it right.

Organized By:

SOAR'S SAMN (SOAR Administrative and Management Network) Committee
in partnership with:

Social Benefits Tribunal
Workplace Safety & Insurance Appeals Tribunal
Human Rights Legal Support Centre
Injured Workers' Consultants (community legal clinic)
Michael Farago

Program

8:30 – 9:00 am

Registration and Continental Breakfast

9:00 – 9:10 am

Welcome and Introductions

9:10 – 10:10 am

PLENARY DISCUSSION:

Common Challenges and Process Overview

- Human Rights Legal Support Centre
- Workplace Safety and Insurance Appeals Tribunal
- Social Benefit Tribunal
- Injured Workers' Consultants (community legal clinic)

HOW TO PREPARE THE SELF-REPRESENTED PARTY FOR YOUR PROCESS

QUESTION AND ANSWER PERIOD

10:10 – 10:25 am – Break

10:25 – 11:15 a.m.

PLENARY DISCUSSION CONTINUED

11:15 am – 11:45 a.m.

EXPERIENCES AND SUCCESSES PRESENTATION

Deriving benefits through interactions with the Self-Represented no matter what your role

11:45 – 12:00 pm

QUESTION AND ANSWER PERIOD

How to Register

Simply complete this form and scan/email or fax it to SOAR:
(One registration form per person)

Name: _____

Position (Mandatory): _____

Agency: _____

Address: _____

City: _____

Province/State: _____

Postal/Zip Code: _____

Telephone: _____

Fax: _____

E-mail: _____

Special Needs: _____

Please indicate the category of your position:

☐ Front Line Staff

☐ Registrar/General Manager

☐ Legal Counsel

☐ Management

☐ Other (Please specify): _____

Please Note:

☐ Check this box if you do not wish to share your contact information on the workshop participant list for ongoing networking purposes amongst attendees.

Fee

\$100 per person on or before May 31, 2011 = \$ _____

\$125 per person on or after Jun. 1, 2011 = \$ _____

\$150 per person Non-Government Rate = \$ _____

Special discount – For every five registrations received from one organization, one additional complimentary registration is provided (all registration forms must be submitted simultaneously).

Add 13% HST = \$ _____

Total Amount Due = \$ _____

Payment

_____ Cheque (Please make all cheques payable to SOAR)

_____ Visa or MasterCard

Name on Card: _____

Card No: _____

Expiry Date: _____

Signature: _____

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Cancellations

Registrant name substitutions are permissible up to 3 days prior to event start date (for the same event only) at no cost. All cancellations must be received in writing. Registration transfers to alternate events for cancellations or missed event components, are not permitted. No credits or refunds will be given for cancellations received within a 15 business day period prior to the event start date. Cancellations received before the 15 business day period prior to the event start date will be issued a refund or invoice with a 15% service charge. SOAR reserves the right to cancel this event at any time due to unforeseen circumstances. Any payments received by the time of cancellation by SOAR, will be fully refunded.