



# CLAIRE NAIDU & CO.

LAWYERS + MEDIATORS + ARBITRATORS

## CONFLICT COACHING

### APPLICATION FOR CONSIDERATION FOR PRO BONO APPOINTMENT ON FRIDAY 16 October 2020 ("PRO BONO DAY") OFFERED BY CLAIRE NAIDU & CO

Conflict Coaching (also known as Conflict Management Coaching) is a process for coaching people on a one-on-one basis, to improve the skills and abilities of the coachee/client to manage and engage in their interpersonal disputes.

Conflict coaching can be received by anyone in an interpersonal dispute, for example if you have a dispute with someone from your social, work, family or friendship groups.

We are offering a Pro Bono Day for conflict coaching. If successful, you will be offered an appointment to meet with our trained conflict coach and discuss strategies to manage the conflict.

Please note we will not be providing legal advice.

If you would like to be considered for a one off appointment on our Pro Bono Day, offered on 16 October 2020, please complete this form and return by way of email to [enquiries@clairenaidu.com.au](mailto:enquiries@clairenaidu.com.au) by close of business 5 October 2020. Applications will be held strictly in confidence. Please note we will not accept applications over the phone.

After the form has been submitted, your application will be considered, and you will be advised if you are successful. Please ensure you provide a current contact number and email address so that we may contact you if you are successful.

We advise that appointments will be scheduled on 16 October 2020 only. Please apply only if you have availability on this day.

#### PART A: Your Details

|                         |  |
|-------------------------|--|
| Full name               |  |
| Previous names (if any) |  |
| Preferred name          |  |
| Address – Residential   |  |
| Address – Postal        |  |
| Date of birth           |  |
| Current Age             |  |
| Occupation              |  |
| Employer                |  |

|                   |  |
|-------------------|--|
| Email address(es) |  |
| Phone number(s)   |  |

Are you of Aboriginal and/or of Torres Strait Islander origin?

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | No  |
| <input type="checkbox"/> | Yes Aboriginal                            |
| <input type="checkbox"/> | Yes Torres Strait Islander                |
| <input type="checkbox"/> | Yes Aboriginal and Torres Strait Islander |
| <input type="checkbox"/> | Prefer not to answer                      |

1. Do you receive Centrelink/ government payments? If yes, please advise which payments.

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2. Do you have a Health Care Card or Pensioner Concession Card? If so, please provide a copy.

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3. What is your annual income?

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4. Do you have any dependents? Please advise of their names, ages and relationship to you.

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**PART B: Other person's details**

Who are the other people involved in the dispute? Please provide the following details for each person (if you need more space, please attach an extra page(s)).

**Person 1**

|                         |  |
|-------------------------|--|
| Full name               |  |
| Previous names (if any) |  |
| Preferred name          |  |
| Address – Residential   |  |
| Address – Postal        |  |
| Date of birth           |  |
| Current Age             |  |
| Occupation              |  |
| Employer                |  |
| Email address(es)       |  |
| Phone number(s)         |  |

|                                  |  |
|----------------------------------|--|
| Your relationship to this person |  |
|----------------------------------|--|

Is the other party Aboriginal and/or of Torres Strait Islander origin?

|  |
|--|
| <input type="checkbox"/> No  |
| <input type="checkbox"/> Yes Aboriginal                            |
| <input type="checkbox"/> Yes Torres Strait Islander                |
| <input type="checkbox"/> Yes Aboriginal and Torres Strait Islander |
| <input type="checkbox"/> Prefer not to answer                      |

**Person 2 (if relevant)**

|                                  |  |
|----------------------------------|--|
| Full name                        |  |
| Previous names (if any)          |  |
| Preferred name                   |  |
| Address – Residential            |  |
| Address – Postal                 |  |
| Date of birth                    |  |
| Current Age                      |  |
| Occupation                       |  |
| Employer                         |  |
| Email address(es)                |  |
| Phone number(s)                  |  |
| Your relationship to this person |  |

Is the other party Aboriginal and/or of Torres Strait Islander origin?

|  |
|--|
| <input type="checkbox"/> No  |
| <input type="checkbox"/> Yes Aboriginal                            |
| <input type="checkbox"/> Yes Torres Strait Islander                |
| <input type="checkbox"/> Yes Aboriginal and Torres Strait Islander |
| <input type="checkbox"/> Prefer not to answer                      |

**PART C: Further information**

**1. Why do you believe you should be the recipient of pro bono services?**

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**2. In your own words, what is the nature of the dispute?**

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**3. In your own words, what do you consider are the main issues?**

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**4. What discussions have you had with the other person(s) so far and what was the outcome of that discussion?**

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**5. How do you usually get focussed to be able to concentrate on tasks?**

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**6. Are there any current legal proceedings? If so, when is your matter next in court?**

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**7. Are there any religious or cultural issues for consideration or is there any religious or cultural issues we should be aware of?**

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**8. Do you or the other person(s) have a criminal record? If so, what are the nature of the charges and convictions.**

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|-------------------------|--|
| 9. Do you speak English | <input type="checkbox"/> Very Well<br><input type="checkbox"/> Well<br><input type="checkbox"/> Not Well |
| 10. Do you read English | <input type="checkbox"/> Very Well<br><input type="checkbox"/> Well<br><input type="checkbox"/> Not Well |

**Part D- Other Matters**

**How did you hear about the Pro Bono Day?**

- Social Media       Law Society       Internet Search       Referral from \_\_\_\_\_  
 Radio       Television       Word of Mouth       Facebook       Other \_\_\_\_\_

If internet search, what words did you search with? \_\_\_\_\_

**Have you liked us on Facebook- Claire Naidu & Co, Family Mediators & Family Law Specialist?**

- Yes    No    I don't use Facebook

**PART E- Acknowledgement**

I, \_\_\_\_\_(print name) confirm that I have completed this form to the best of my knowledge. I understand that the application for the Pro Bono Day relates to conflict coaching only and I will not be receiving legal advice.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ 2020

**Thank you for completing this form. Please send the completed copy to [enquiries@clairenaidu.com.au](mailto:enquiries@clairenaidu.com.au) by close of business 5 October 2020.**

**We will contact you if you are successful to arrange an appointment.**