actlawsociety

Application for issue of a

Restricted Practising Certificate (RPC) for a practitioner not residing in Australia

	THIS IS AN APPLICATION FOR AN ACT PRACTISING CERTIFICATE AS A SOLICITOR BY:						
	(Print your full name in block letters)						
	FOR THE YEAR ENDING 30 JUNE						
	('The relevant practice year')						
Please	tick the box indicating whether you are in category A, B or C.						
	A: Application for the RENEWAL of an ACT Restricted Practising Certificate						
	If you currently hold an ACT Restricted Practising Certificate or have held an ACT Restricted Practisin Certificate within the last 5 years, and you would like to hold a Restricted Practising Certificate for the relevant practice year, complete Parts 1 and 2 .						
B: Application for a FIRST ACT Restricted Practising Certificate							
	If you have not previously held an ACT Restricted Practising certificate and would like to hold a Restricted Practising Certificate for the relevant practice year, complete Parts 1 and 3 .						
	C: Application for an ACT Restricted Practising Certificate if your previous ACT Restricted Practising Certificate EXPIRED 5 years or more ago.						
	If you held an ACT Restricted Practising Certificate that expired 5 years or more ago and you would like to hold a Restricted Practising Certificate for the relevant practice year, complete Parts 1 and 3 .						

the law society of the australian capital territory level 4 1 farrell place canberra act 2601 GPO Box 1562 canberra act 2601 DX 5623 canberra Ph: 02 6274 0300

register@actlawsociety.asn.au www.actlawsociety.asn.au a member of the law council of Australia



Note: Unless otherwise specified, section numbers refer to the *Legal Profession Act* 2006 and *Legal Profession Regulation* 2007.

PART	Г 1: А	LL A	PPLICA	NTS	то со	MPLETE							
Tit	tle	Full n	ame (pleas	se print)						Member ID:		
1. I,													
of (res	identi	al add	ress):										
Suburl	b					State		Posto	code		Date of birth		
Phone	No: ((BH)				(AH)			(Mobile)				
Email:	(Wor	k)											
Email:	(Hon	ne)											
Postal	addr	ess (if	differs fro	om res	sidential	office ad	ldress):						
		(
	ce for	the rel	evant pra	actice	year.	-	rtificate unde 7 and 41(1)).	er the <i>L</i> e	egai Profession	ACI 2	2006 authorising	те то е	ngage in lega
3.	It is a	a cond	ition of th	nis cer	tificate t	hat I will	not practise a	as a prir	ncipal (s 47).				
4.	If I am successful in this application, I will not hold a practising certificate in another State or Territory from the time I am granted this certificate until this certificate expires or is surrendered (ss 35(3)).												
5. I practise / will practise as an employee at the following place of employment													
	The physical address(es) at which I practise / will practise principally is / are												
	The	postal	address	(if diff	erent) is	3							
											X		



MANDATORY CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Tick one of the boxes below as applicable

OR

	<u> </u>
6.	Holders of ACT practising certificates must complete 10 units of Continuing Professional Development between 1 April and 31 March each year (CPD year), ahead of the conclusion of the relevant practice year. At least one unit must be completed in each of the following core areas: 1. Legal ethics and professional responsibility 2. Practice management and business skills
	 Professional skills Substantive law and procedural law.
	Practitioners must keep their own CPD records and supporting documentation. Random audits are conducted by the Society.
	I understand that it is a condition of this practising certificate that I complete 10 CPD units in the relevant CPD year. (you must tick this box)
	Note: If this practising certificate is issued part-way through the CPD year, your CPD obligations will be pro-rated (Guideline 13, CPD Guidelines).
<u>OTH</u>	ER NOTIFIABLE INFORMATION
7.	I understand that it is a condition of this practicing certificate that I must notify the Law Society of the ACT as soon as is reasonably practicable every time my practice details change (s 47).
8.	I understand that I must notify the Law Society of the ACT in writing within 7 days if I am charged with a "serious offence" (defined in the Dictionary to the Act) or if I am convicted of any offence that would require disclosure under the admission rules in relation to an application for admission to the legal profession under the Act (s 51).
9.	I understand that I must attach to this application a written statement about any " show-cause events " (defined in the Dictionary to the Act) that have occurred in relation to me since my admission to the legal profession and that have not been previously notified to the Law Society of the ACT. The written statement must explain why, despite the show-cause event or events, I consider myself to be a fit and proper person to hold a practising certificate (s 60). Should a " show-cause event " occur while I am holding this practising certificate, I must give the Law Society of the ACT written notice within 7 days of the event and further information with 28 days (s 61).
10.	I understand that the Law Society of the ACT cannot grant me a practising certificate unless satisfied that I am a 'fit and proper person' to hold the certificate (ss 44(3) and (4)). Sections 11 and 36 contain criteria that are relevant to whether a person is a 'fit and proper person'.
	I have read and understand the points listed above in relation to notifiable information. (you must tick this box)

This application form contains all relevant information as to whether I am a 'fit and proper person'.

I have **attached** a statement containing all additional relevant information.



PART 2: RENEWAL APPLICANTS ONLY TO COMPLETE

11.	I currently hold, or within the last five years held, an ACT Restricted Practising (ACT. (you must tick this box)	Certificate issued by the Law Society of the
	Note: If you have practised in any other jurisdiction(s) since you last held an A Certificate of Good Standing from each jurisdiction to this renewal application.	CT practising certificate you must attach a
12.	(a) I have fulfilled the minimum CPD requirements for the preceding CPD year (tick this box if you fulfilled your CPD requirements)	(10 CPD units covering four core areas).
	OR	
	(b) I am exempt from the minimum CPD requirements as I hold a restricted p admitted to practice for a period exceeding 40 years. (tick this box if your CPD requirements do not need to be fulfilled)	practising certificate and have been
	OR	
	(c) I have not fulfilled the minimum CPD requirements for the preceding CPD y (tick this box if your CPD requirements were not fulfilled)	vear.
	Note : If, under the CPD guidelines, you were required to complete fewer than 10 units, please select (a). If you were granted an extension of time and have r select (a).	•
	Note : If you are renewing a current ACT practising certificate and you ticked exemption or extension of time. See www.actlawsociety.asn.au/for-members/m	
	I declare that the information contained in or with this application is true any relevant information.	and correct and that I have not omitted
Appli	cant's Signature:	Dated:



PART 3:

PLEASE COMPLETE IF THIS IS YOUR FIRST ACT RESTRICTED PRACTISING CERTIFICATE OR IF YOUR PREVIOUS ACT RESTRICTED PRACTISING CERTIFICATE EXPIRED FIVE YEARS OR MORE AGO

				Insert category						
13.	(a)	I currently	hold a		practising certificate is	ssued by				
		(Unless issued by the Law Society of the ACT, you must attach a copy).								
	OR									
	(b) I do not currently hold a practising certificate. I was originally admitted as a									
	of the Supreme Court of on									
		Roll No		(Please attach a co	ppy of your Admission (Certificate).				
14.	l nre	viously he	d an ACT nr	actising certificate from	1	until				
	•	•	-	ou have previously held an						
	((
	Note	: The Law	Society of the	ne ACT requires a Certificate	of Good Standing from ea	ach jurisdiction you have been				
	adm	itted in and	d/or practised	I in (excluding ACT). Please a	ttach copies to this applic	cation.				
15.	Opti	onal: I iden	itify as Abori	ginal or Torres Strait Islander.						
	I de	clare that	the informat	ion contained in or with this	s application is true and	d correct and that I have not omitted				
			nformation.							
Annlic	ant's	Signature:			n.	ated:				
Applic	ant 3	oignature.			Di	atou				