actlawsociety

Application for issue of

an Unrestricted Practising Certificate (UPC) 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)					
		(i time your run nume in block letters)				
		FOR THE YEAR ENDING 30 JUNE 2017				
Pleas	Please tick the box indicating whether you are in category A, B or C.					
	A: Application for the RENEWAL of an ACT Unrestricted Practising Certificate					
	within	you currently hold an ACT Unrestricted Practising Certificate or have held an ACT Unrestricted Practising Certificate ithin the last 5 years, and you would like to hold an Unrestricted Practising Certificate for the year ending 30 June 017, complete Parts 1 and 2 .				
	<u>В: Ар</u>	plication for a FIRST ACT Unrestricted Practising Certificate				
		have not previously held an ACT Unrestricted Practising certificate and would like to hold an ing Certificate for the year ending 30 June 2017, complete Parts 1 and 3 .	Unrestricted			
		plication for an ACT Unrestricted Practising Certificate if your previous ACT Unrestricted Practate EXPIRED 5 years or more ago.	ctising			
		held an ACT Unrestricted Practising Certificate that expired 5 years or more ago and you would like ricted Practising Certificate for the year ending 30 June 2017, complete Parts 1 and 3 .	ke to hold an			

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 Fax: 02 6274 3754 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 1: ALL APPLICANTS TO COMPLETE				
Title Full name (please print)	Member ID:			
1. I,				
of (residential address):				
Suburb State Postcode	Date of birth			
Phone No: (BH) (AH) (Mobile)				
Email: (Work)				
Email: (Home)				
Postal address (if differs from residential/office address):				
 I am admitted as an Australian lawyer (<u>ss 7 and 41(1)</u>). If I am successful in this application, I will not hold a practising certificate in another State or Territory fror granted this certificate until this certificate expires or is surrendered (<u>ss 35(3)</u>). I practise / will practise: as a Principal/ Director/ Managing Director/ Managing Partner/ Partner/ Associate/ Employee 				
at the following place of employment				
OR on my own account under the name of				
The physical address(es) at which I practise / will practise principally is / are				
The postal address (if different) is				
DX				



TRUST MONEY AND TRUST ACCOUNT EXAMINATIONS

5.	(a) I received or held trust money or controlled money at some time in the year ended 31 March 2016. My law practice appointed an external examiner to examine the trust records and gave the Law Society of the ACT written notice of this appointment (<u>s 241 and Regulation 66</u>) (tick this box if you held or received trust money);		
	OR		
	(b) I did not at any time in the year ended 31 March 2016 receive or hold trust money or controlled money (tick this box if you did not hold or receive trust money).		
INS	<u>URANCE</u>		
6.	I am aware that this Unrestricted Practising Certificate is issued on the basis that I am or will be the holder of an approved policy of Professional Indemnity Insurance for the duration of this practising certificate (<u>s 312A</u>). Accordingly, I have effected Professional Indemnity Insurance through:		
MA 7.	NDATORY CONTINUING PROFESSIONAL DEVELOPMENT (CPD) Holders of ACT practising certificates must complete 10 units of Continuing Professional Development between		
	1 April and 31 March each year. At least one unit must be completed in each of the following core areas:		
	 Legal ethics and professional responsibility 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 between 1 April 2016 and 31 March 2017. (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).		



OTHER NOTIFIABLE INFORMATION

- 8. I understand that it is a condition of this practising certificate that I must notify the Law Society of the ACT as soon as is reasonably practicable every time my practice details change (<u>s 47</u>).
- 9. 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 (\$51).
- 10. 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 (s60). Should a "showcause 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).

11.	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)
	<u>Tick one of the boxes below</u>
	This application form contains all relevant information as to whether I am a 'fit and proper person'
	OR
	I have attached a statement containing all additional relevant information.



PART 2: RENEWAL APPLICANTS ONLY TO COMPLETE

12.	I currently hold, or within the last five years held, an ACT Unrestricted Practis of the ACT. (you must tick this box)	sing Certificate issued by the Law Society
13. (a	a) I have fulfilled the minimum CPD requirements for the 2015 – 2016 CPD year (tick this box if you fulfilled your CPD requirements)	(10 CPD units covering four core areas).
	OR	
((b) I have not fulfilled the minimum CPD requirements for the 2015 – 2016 CPD (tick this box if your CPD requirements were not fulfilled)	year.
	Note : if, under the CPD guidelines, you were required to complete fewer the those units, please select (a). If you were granted an extension of time and please 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/n	
	Note : you must keep your own CPD records and supporting documentation Society.	n. Random audits are conducted by the
	I declare that the information contained in or with this application is true any relevant information.	and correct and that I have not omitted
Applic	cant's Signature:	Dated:



PART 3:

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

		Insert category		
14.	(a)	I currently hold a	practising certificate i	ssued by
		Unless issued by the Law Society	of the ACT, you must attach a cor	ov:
	OR		oo, y ouo. ao u oop	- ,
		I do not currently hold a practising cert	tificato. I was originally admitted as	a [
	(D)		illicate. Twas originally autilited as	
		of the Supreme Court of Roll No: (PI	laces attach a convert your Admis	on Cortificate)
		RUII NO. PI	lease attach a copy of your Admis	Sion Certificate)
15.	Lnro	eviously held an ACT practising certific	eato from	until
15.	•	ease complete only if you have previ		
	(ass sampless and in journal pro-	outly note any to a presenting con-	
16.	(a)	I have attached my Practice Manage	ement Course Certificate;	
	OR	,		
	(b)		I Practice Management Course by a	date set by the Law Society of the ACT.
	(~)	acknowledge that it is a condition of i	g ,	,
17.	Tho	stable in Degulation 10 cets out criterie	a that must be met by applicants for	an Unrectricted Dracticing Cortificate. The
17.		•	3	an Unrestricted Practising Certificate. The eet the qualification under that regulation.
		,		
18.	Onti	ional: I identify as Aboriginal or Torres	Strait Islander	
10.	Ори	ional. Hachiliy as Abonginal of Torres	Strait islander.	
	l de	clare that the information contained	d in or with this application is true	and correct and that I have not omitted
		relevant information.		
Appli	cant's	Signature:		Dated: