## actlawsociety

# Application for issue of a Restricted Practising Certificate (RPC) for a Government Lawyer

|      | 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 2019  |                |  |  |  |  |  |
| Plea | se 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 Practising C the last 5 years, and you would like to hold a Restricted Practising Certificate entitling you to practise as lawyer for the year ending 30 June 2019, complete <b>Parts 1 and 2</b> . |                |  |  |  |  |  |
|      | 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 entitling you to practise as a government lawyer for the year ending 30 June 2019, complete <b>Parts 1 and 3</b> .  |                |  |  |  |  |  |
|      | C: Application for an ACT Restricted Practising Certificate if your previous ACT Restricted Practisi EXPIRED 5 years or more ago.   | ng Certificate |  |  |  |  |  |
|      | If you held an ACT Restricted Practising Certificate that expired 5 years or more ago and you would   | like to hold a |  |  |  |  |  |

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

Restricted Practising Certificate entitling you to practise as a government lawyer for the year ending 30 June 2019,

complete Parts 1 and 3.



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

| PART  | 1: ALL A  | PPLICANT   | S TO COM   | <b>IPLETE</b>                                      |   |            |                |                        |                                      |     |  |
|---|---|--|--|--|---|------------|----------------|------------------------|--------------------------------------|-----|--|
| Title   | e Ful   | Il name (please  | e print)   |  |   |            |                |                        | Member                               | ID: |  |
| 1. I,   |   |  |  |  |   |            |                |                        |                                      |     |  |
| of (resid   | dential add   | lress):  |  |  |   |            |                |                        |                                      |     |  |
| Suburb  |   |  |  | State  |   | Posto      | ode            |                        | Date of birt                         | h   |  |
| Phone   | No: (BH)  |  |  | (AH)   |   |            | (Mobile)       |                        |                                      |     |  |
| Email: (  | (Work)  |  |  |  |   |            |                |                        |                                      |     |  |
| Email: (  | (Home)  |  |  |  |   |            |                |                        |                                      |     |  |
| Postal a  | address (if   | differs from   | residential/   | office addres                                      | ss):                                    |            |                |                        |                                      |     |  |
|   |   |  |  |  |   |            |                |                        |                                      |     |  |
| <ul><li>legal pr</li><li>2.</li><li>3.</li><li>4.</li></ul> | ractice for to<br>I am admit<br>It is a cond<br>If I am suc | the year end<br>ted as an Al<br>dition of this<br>ecessful in th | ling 30 June ustralian law practising co is applicatio | 2019.  yyer (ss 7 an ertificate tha on, I will not | nd 41(1)).<br>It I will no<br>hold a pr | t practise | e as a princ   | sipal (s 4<br>n anothe | Act 2006 authors 7). er State or Ten |     |  |
| ·   |   |  |  | rtificate expi                                     |   |            | ,              | . ,,                   |                                      |     |  |
| 5.  | practise /  | will practise  | as an emp  | loyee at the                                       | Tollowing                               | place of   | employme       | ent:                   |                                      |     |  |
|   |   |  |  |  |   |            |                |                        |                                      |     |  |
|   | The physic  | cal address(   | es) at which   | I practise /                                       | will practi                             | ise princ  | ipally is / ar | e                      |                                      |     |  |
|   |   |  |  |  |   |            |                |                        |                                      |     |  |
|   | The postal  | address (if  | different) is  |  |   |            |                |                        |                                      |     |  |
|   |   |  |  |  |   |            |                | D.                     | Х                                    |     |  |



#### **CONDITION REGARDING GOVERNMENT PRACTISE**

- 6. I do not intend to and will not engage in legal practice otherwise than:
  - (i) as a government lawyer engaged in government work; and/or
  - (ii) for the ACT Law Society's Legal Advice Bureau; and/or
  - (iii) as a volunteer for any "complying community legal centre" as defined in s 208; and/or
  - (iv) in any other capacity that is specifically approved by the Law Society of the ACT.

I understand that it is a condition of this practising certificate that I practise only in the capacities stated at (i) to (iv) above (s 47).

#### MANDATORY CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

- 7. 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:
  - 1. Legal ethics and professional responsibility

and 31 March 2019. (you must tick this box)

- 2. Practice management and business skills
- 3. Professional skills
- 4. 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 2018

**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 (s 47).
- 9. I understand that it is a condition of this practising certificate that I will not, at any time during the year ending 30 June 2019, receive or hold trust money or controlled money (s 47).
- 10. 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).



| 11. | 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 within 28 days (s 61).   |
| 40  |   |
| 12. | 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)          |
|     |   |
|     | Tick one of the boxes below as applicable   |
|     | This application form contains all relevent information as to whether I am a 'fit and preper person'                        |
|     | 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

| 13.    | I currently hold, or within the last five years held, an ACT Restricted Practising Certificate issued by the Law Society of the ACT.  |   |  |  |  |  |  |  |
|--------|---|---|--|--|--|--|--|--|
|        | (you must tick this box)  |   |  |  |  |  |  |  |
|        | <b>Note</b> : 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.                            |   |  |  |  |  |  |  |
| 14.    | (a) I have fulfilled the minimum CPD requirements for the 2017 – 2018 CPD y areas).  (tick this box if you fulfilled your CPD requirements)   | ear (10 CPD units covering four core      |  |  |  |  |  |  |
|        | OR  |   |  |  |  |  |  |  |
|        | (b) I am exempt from the minimum CPD requirements as I hold a restricted padmitted 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 2017 – 2018 CF (tick this box if your CPD requirements were not fulfilled)  | PD year.                                  |  |  |  |  |  |  |
|        | <b>Note</b> : 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).                   | •   |  |  |  |  |  |  |
|        | <b>Note</b> : If you are renewing a <b>current</b> ACT practising certificate and you tick exemption or extension of time. See www.actlawsociety.asn.au/for-members/                                  |   |  |  |  |  |  |  |
|        |   |   |  |  |  |  |  |  |
|        |   |   |  |  |  |  |  |  |
|        | I declare that the information contained in or with this application is true any relevant information.  | e and correct and that I have not omitted |  |  |  |  |  |  |
| Applic | eant'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   |                           |                        |                  |  |  |  |
|-------|--------|--|---|---------------------------|------------------------|------------------|--|--|--|
| 15.   | (a)    | I currently hold a   |   | practising certificate    | issued by              |                  |  |  |  |
|       |        |  |   |                           |                        |                  |  |  |  |
|       |        | (Unless issued by the Law Society of the ACT, you must attach a copy).               |   |                           |                        |                  |  |  |  |
|       | OR     |  |   |                           |                        |                  |  |  |  |
|       | (b)    | (b) I do not currently hold a practising certificate. I was originally admitted as a |   |                           |                        |                  |  |  |  |
|       |        | of the Supreme Cou   | urt of  |                           | on                     |                  |  |  |  |
|       |        | Roll No:   | (Please attach a  | copy of your Admission    | on Certificate).       |                  |  |  |  |
|       |        |  |   |                           |                        |                  |  |  |  |
|       |        | •  | of the ACT requires a Certificate                         | •                         | •                      | ave been         |  |  |  |
|       | adm    | nitted in and/or practis   | sed in (excluding ACT). Please                            | attach copies to this app | plication.             |                  |  |  |  |
|       |        |  |   |                           |                        |                  |  |  |  |
| 16.   | •      | •  | practising certificate from if you have previously held a | n ACT practicing cortif   | until                  |                  |  |  |  |
|       | (Fie   | sase complete omy i  | ii you ilave previously lielu a                           | in ACT practising certif  | iicate).               |                  |  |  |  |
| 17.   | Opti   | ional: Lidentify as Ab   | original or Torres Strait Islande                         | er.                       |                        |                  |  |  |  |
|       | 94     |  | onga.   | <u>—</u>                  |                        |                  |  |  |  |
|       |        |  |   |                           |                        |                  |  |  |  |
|       |        |  |   |                           |                        |                  |  |  |  |
|       |        |  |   |                           |                        |                  |  |  |  |
|       |        |  |   |                           |                        |                  |  |  |  |
|       |        |  |   |                           |                        |                  |  |  |  |
|       |        |  |   |                           |                        |                  |  |  |  |
|       |        |  |   |                           |                        |                  |  |  |  |
|       |        |  |   |                           |                        |                  |  |  |  |
|       | l de   | clare that the inform  | nation contained in or with t                             | his application is true a | and correct and that I | have not omitted |  |  |  |
|       |        | relevant informatio  |   | o uppnounon io u uo i     |                        |                  |  |  |  |
|       |        |  |   |                           |                        |                  |  |  |  |
|       |        |  |   |                           |                        |                  |  |  |  |
| Appli | cant's | Signature:   |   |                           | Dated:                 |                  |  |  |  |