actlawsociety

Application for issue of an

Unrestricted Practising Certificate (UPC)

	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							
Pleas	se tick the box indicating whether you are in category A, B or C.							
A: Application for the RENEWAL of an ACT Unrestricted Practising Certificate								
If you currently hold an ACT Unrestricted Practising Certificate or have held an ACT Unrestricted Practising Certificate within the last 5 years, and you would like to hold an Unrestricted Practising Certificate for the year ending 30 June 2019 complete Parts 1 and 2 .								
<u>В: Ар</u>	pplication for a FIRST ACT Unrestricted Practising Certificate							
If you have not previously held an ACT Unrestricted Practising certificate and would like to hold an Unrestricted Practising Certificate for the year ending 30 June 2019 complete Parts 1 and 3 .								
-	pplication for an ACT Unrestricted Practising Certificate if your previous ACT Unrestricted Practicate EXPIRED 5 years or more ago.	<u>:tising</u>						
	held an ACT Unrestricted Practising Certificate that expired 5 years or more ago and you would lik tricted Practising Certificate for the year ending 30 June 2019, complete Parts 1 and 3 .	e 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 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 <i>A</i>	APPLIC	ANTS TO	COMP	LETE										
Title	e Full	name (pl	ease print)										Membe	er ID:	
1. I,															
of (resid	dential ad	dress):													
Suburb				S	tate		Ро	stcode			Date	of birth			
Phone I	No: (BH)			(AH)			(Mc	obile)						
Email: ((Work)														
Email:	(Home)														
Postal a	address (i	f differs	from reside	ential/offi	ice addr	ress):									
3. I	If I am suc granted th I practise as a	ccessful nis certif / will pra Principa	an Australia in this app icate until th actise: al/ Director/ opropriate e	lication, nis certifi Managi	I will no icate ex ing Dire	ot hold a princes or is	practisir s surrer aging F	dered (ss 35(3 Partner)).			·	om the	time I am
	at th	e follow	ing place of	f employ	rment										
	The	physica	l address(e	s) at wh	ich I pra	actise / wi	II practi	se princ	ipally is	/ are					
	The	postal a	ddress (if d	lifferent)	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 2018. 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 (s 241 and Regulation 66). (tick this box if you held or received trust money)
	OR
	(b) I did not at any time in the year ended 31 March 2018 receive or hold trust money or controlled money (tick this box if you did not hold or receive trust money).
<u>INS</u>	<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 (s 312A). Accordingly I have effected Professional Indemnity Insurance through:
MA	NDATORY 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:
	 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 2018 and 31 March 2019. (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 (s 47).
- 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 (s 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 (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).

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)							
	Tick one of the boxes below as applicable							
	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

I currently hold, or within the last five years held, an ACT Unrest of the ACT. (you must tick this box)	ricted Practising Certificate issued by the Law Society
Note: If you have practised in any other jurisdiction(s) since you attach a Certificate of Good Standing from each jurisdiction to th	
13. (a) I have fulfilled the minimum CPD requirements for the 2017 – 20 (tick this box if you fulfilled your CPD requirements)	18 CPD year (10 CPD units covering four core areas).
OR	
(b) I have not fulfilled the minimum CPD requirements for the 2017 (tick this box if your CPD requirements were not fulfilled)	– 2018 CPD year.
Note : If, under the CPD guidelines, you were required to complethose units, please select (a). If you were granted an extension please select (a).	•
Note : If you are renewing a current ACT practising certificate a exemption or extension of time. See www.actlawsociety.asn.au/for	* * * * * * * * * * * * * * * * * * * *
I declare that the information contained in or with this application any relevant information.	ition is true and correct and that I have not omitted
Applicant'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

			Ins	sert category							
14.	(a)	I currently	hold a		prac	tising certificate i	ssued by				
		(Unless is	sued by the l	Law Society of th	e ACT, you	nust attach a co	ру).				
	OR		-	-							
	(b)	I do not curr	ently hold a p	ractising certificate	e. I was origi	nally admitted as	а				
	` ,		reme Court of			,	0	n			
		Roll No:		(Please	attach a cop	y of your Admis	sion Certif	icate).			
		•				-					
							l				
15.	•	•	•	tising certificate fro		T	until				
	(Ple	ease comple	ete only if you	ı have previously	neid an AC	i practising cert	ificate).				
	Not	e: The Law	Society of the	ACT requires a Ce	ertificate of G	ood Standing from	m each iuris	diction	vou have b	een	
			-	n (excluding ACT).		•	•	, alouoti	you navo b	0011	
			•	,		•					
16.	(a) I have attached my Practice Management Course Certificate;										
	OR										
	(b)	I undertake	e to complete	an approved Prac	tice Manager	ment Course by a	date set by	/ the Lav	w Society o	of the ACT.	
	acknowledge that it is a condition of my practising certificate that I fulfill this undertaking (s 47).										
17.		•		ts out criteria that					•		
	attached statutory declaration identifies the item number and outlines how I meet the qualification under that regulation.										
18.	Opt	ional: I ident	ify as Aborigir	nal or Torres Strait	Islander.						
				n contained in or	r with this ap	pplication is true	and corre	ct and t	hat I have	not omitted	
	any	relevant in	formation.								
		0					5				
Appli	cant′s	Signature:					Dated:				