actlawsociety

Application for issue of a

Restricted Practising Certificate (RPC)

	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 2020				
	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 Practising Certificate within the last 5 years, and you would like to hold a Restricted Practising Certificate for the year ending 30 June 2020 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 year ending 30 June 2020 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 year ending 30 June 2020, 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.

PAR	T 1: ALL APPLICANTS TO COMPLETE	
T	Title Full name (please print)	Member ID:
1. I,		
of (re	sidential address):	
Subu	rb State Postcode	Date of birth
Phone No: (BH) (Mobile)		
Email	l: (Work)	
Email	I: (Home)	
Posta	al address (if differs from residential/office address):	
legal 2. 3. 4.	ther State or Territory from the time I). e/ Employee	
	(enter the appropriate employment category into the box below)	
	at the following place of employment The physical address(es) at which I practise / will practise principally is / are	
	The postal address (if different) is	
		DX



MANDATORY CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

6.	Holders of ACT practising certificates must complete 10 units of Continuing Professional Development between 1 Apri 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 Apri 2019 and 31 March 2020. (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 'fir 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'.

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

OR



PART 2: RENEWAL APPLICANTS ONLY TO COMPLETE

11.	I currently hold, or within the last five years held, an ACT Restricted Practising of the ACT. (you must tick this box)	Certificate issued by the Law Society
	Note : If you have practised in any other jurisdiction(s) since you last held an AC a Certificate of Good Standing from each jurisdiction to this renewal application	
12.	(a) I have fulfilled the minimum CPD requirements for the 2018 – 2019 CPD yeareas). (tick this box if you fulfilled your CPD requirements)	ar (10 CPD units covering four core
	OR (b) I am exempt from the minimum CPD requirements as I hold a restricted pradmitted to practice for a period exceeding 40 years. (tick this box if your CPD requirements do not need to be fulfilled)	ractising certificate and have been
	OR	
	(c) I have not fulfilled the minimum CPD requirements for the 2018 – 2019 CPE (tick this box if your CPD requirements were not fulfilled)	O year.
	Note : If, under the CPD guidelines, you were required to complete fewer than those units, please select (a). If you were granted an extension of time and ha 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/m	
	I declare that the information contained in or with this application is true an any relevant information.	nd correct and that I have not omitted
Applica	ant'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	e issued by		
	(Unless issued by the Law Society of the ACT, you must attach a copy).						
	ΔD						
	OR						
	(b) I do not currently hold a practising certificate. I was originally admitted as a						
		of the Supreme Court			on		
		Roll No	(Please attach a co	ppy of your Admission	n Certificate).		
14.	I pre	viously held an ACT p	ractising certificate from		until		
	(Ple	ase complete only if	you have previously held an	ACT practising certifi	icate).		
	Note	e: The Law Society of t	the ACT requires a Certificate	of Good Standing from	each jurisdiction you have been		
		•	d in (excluding ACT). Please a	J	•		
15.	Opti	onal: I identify as Abor	iginal or Torres Strait Islander.				
	•	•					
				application is true and	d correct and that I have not omitted		
	any						
Applicant's Signature: Dated:							