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	
	('The relevant practice year')	
Pleas	e tick the box indicating whether you are in category A, B or C.	
<u>A: A</u>	application for the RENEWAL of an ACT Unrestricted Practising Certificate	
Certif	u currently hold an ACT Unrestricted Practising Certificate or have held an ACT Unrestricte ficate within the last 5 years, and you would like to hold an Unrestricted Practising Certifiant practice year, complete Parts 1 and 2 .	
<u>B: A</u>	application for a FIRST ACT Unrestricted Practising Certificate	
•	have not previously held an ACT Unrestricted Practising certificate and would like to hold an tising Certificate for the relevant practice year, complete Parts 1 and 3 .	Unrestricted
	application for an ACT Unrestricted Practising Certificate if your previous ACT Unrestretising Certificate EXPIRED 5 years or more ago.	<u>icted</u>
,	u held an ACT Unrestricted Practising Certificate that expired 5 years or more ago and you wan Unrestricted 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	PPLIC	ANTS TO	COMPLETE	E						
Tif	tle	Full n	ame (ple	ease print)							Member ID):
1. I,												
of (res	identi	al add	ress):									
Suburl	b				State		Postc	ode		Date of birt	h	
Phone	No: (BH)			(AH)			(Mobile)				
Email:	(Wor	k)			<u> </u>			'				
Email:	(Hor	ne)										
Postal	addre	ess (if	differs	from reside	ntial/office ad	ddress):						
 3. 4. 	If I a	m suco ted this ctise / as a F	cessful s certifi will pra Principa	in this appl cate until th actise: al/ Director/	ication, I will is certificate Managing Di	expires or is	ractising of surrende	red (ss 35) ner/ Partne	(3)).	er State or Te ciate/ Employ	·	the time I am
		at the	followi	ng place of	employment							
		The p	hysical	address(es	s) at which I p	oractise / will	practise	principally	is / are			
		The p	ostal a	ddress (if di	fferent) is							
								DV				



TRUST MONEY AND TRUST ACCOUNT EXAMINATIONS

5.	(a) I received or held trust money or controlled money at some time in the 12 months to 31 March of the preceding practice year. My law practice appointed an external examiner to examine the trust records and gave the Law Society of the AC 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 12 months to 31 March of the preceding practice year receive or hold trust money 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 7.	NDATORY CONTINUING PROFESSIONAL DEVELOPMENT (CPD) Holders of ACT practising certificates must complete 10 units of Continuing Professional Development between								
1.	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:								
	 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 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).								



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

12.	I currently hold, or within the last five years held, an ACT Unrestricted Pracof the ACT. (you must tick this box)	ctising Certificate issued by the Law Society
	Note: If you have practised in any other jurisdiction(s) since you last held a attach a Certificate of Good Standing from each jurisdiction to this renewal	
13. ((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 have not fulfilled the minimum CPD requirements for the preceding CPD (tick this box if your CPD requirements were not fulfilled)) year.
	Note : If, under the CPD guidelines, you were required to complete fewer than units, please select (a). If you were granted an extension of time and have select (a).	· · · · · · · · · · · · · · · · · · ·
	Note : If you are renewing a current ACT practising certificate and you tide exemption or extension of time. See www.actlawsociety.asn.au/for-members	
	I declare that the information contained in or with this application is treating any relevant information.	ue 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 car	tegory						
14.	(a)	I currently	hold a			practising ce	ertificate is	sued by			
		(Unless is	sued by	the Law S	Society of the A	CT. vou must att	ach a cop	v).			
	OR	(, , , , , ,	,,		•,			
		l do not curr	ently ho	ld a nractis	ing certificate. I v	was originally adn	nitted as a				
	(6)	of the Sup	•		ing continuate. The	vas originally au		or	<u> </u>		
		Roll No:		art or	(Please atta	ch a copy of you	ır Admiss				
		rton rto. [(i lease atta	on a copy or you	ii Auiiii33	ion certin	catej.		
15.	l pre	eviously held	d an ACT	practising	certificate from			until			
	(Ple	ase comple	ete only	if you hav	e previously hel	d an ACT practi	sing certif	icate).			
			•		requires a Certific		•	•	diction y	ou have b	een
	aam	litted in and/	or practi	sea in (exc	cluding ACT). Plea	ase attach copies	s to this ap	plication.			
16	(0)	l hovo ette	ohod m	v Drootioo I	Managament Cau	uraa Cartificata:					
16.	(a)	THAVE ALLA	ichea m	y Fractice	Management Cou	irse Certilicate,					
	OR										
	(b)				pproved Practice tion of my practis	•	•	•		•	of the ACT. I
		acknowica	igo tilat i	t is a corial	tion of my practic	ing continuate tha	it i idilili tili	o anacitan	iig (5 +7	<i>)</i> .	
	_										
17.	The table in Regulation 10 sets out criteria that must be met by applicants for an Unrestricted Practising Certificate. The attached statutory declaration identifies the item number and outlines how I meet the qualification under that regulation.										
	atta	Circa Statut	ory decic		unos uno nom nu	TIDEL AND OUTING	3 HOW THIC	ot the qual	moation	under the	t regulation.
						. –					
18.	Opti	onal: I ident	ify as Ab	original or	Torres Strait Isla	nder. \square					
		clare that th relevant in			ntained in or wit	h this applicatio	on is true a	and correc	t and th	hat I have	not omitted
	ally	i cicvant iii	ioiiialic)II.							
	.,	0: 1						D ()			
nidda	cants	Signature:						Dated:			