

## 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 2017

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**

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 2017 complete **Parts 1 and 2**.

**B: Application 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 2017 complete **Parts 1 and 3**.

**C: Application for an ACT Unrestricted Practising Certificate if your previous ACT Unrestricted Practising Certificate EXPIRED 5 years or more ago.**

If you held an ACT Unrestricted Practising Certificate that expired 5 years or more ago and you would like to hold an Unrestricted Practising Certificate for the year ending 30 June 2017, 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 Fax: 02 6274 3754  
[register@actlawsociety.asn.au](mailto:register@actlawsociety.asn.au)  
[www.actlawsociety.asn.au](http://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:	<input type="text"/>
1. I,	<input type="text"/>	<input type="text"/>	
of (residential address):	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
		Date of birth	<input type="text"/>
Phone No: (BH)	<input type="text"/>	(AH)	<input type="text"/>
		(Mobile)	<input type="text"/>
Email: (Work)	<input type="text"/>		
Email: (Home)	<input type="text"/>		
Postal address (if differs from residential/office address):	<input type="text"/>		
<input type="text"/>			

apply for the issue of an **Unrestricted Practising Certificate** under the *Legal Profession Act 2006* authorising me to engage in legal practice for the year ending 30 June 2017.

- I am admitted as an Australian lawyer (ss 7 and 41(1)).
- If I am successful in this application, I will not hold a practising certificate in another State or Territory from the time I am granted this certificate until this certificate expires or is surrendered (ss 35(3)).
- I practise / will practise:

as a Principal/ Director/ Managing Director/ Managing Partner/ Partner/ Associate/ 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

## 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 (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 2016 receive or hold trust money or controlled money  
 (tick this box if you did not hold or receive trust money).

## INSURANCE

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:

## 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
  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 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 (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 (s51).
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 **“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

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 Practising Certificate issued by the Law Society of the ACT.  
 *(you must tick this box)*

13. (a) I have fulfilled the minimum CPD requirements for the 2015 – 2016 CPD year (10 CPD units covering four core areas).  
 *(tick this box if you fulfilled your CPD requirements)*

**OR**

(b) I have not fulfilled the minimum CPD requirements for the 2015 – 2016 CPD year.  
 *(tick this box if your CPD requirements were not fulfilled)*

**Note:** if, under the CPD guidelines, you were required to complete fewer than 10 CPD units and you have completed those units, please select (a). If you were granted an extension of time and have now completed your required CPD, please select (a).

**Note:** if you are renewing a **current** ACT practising certificate and you ticked (b), please complete an application for exemption or extension of time. See [www.actlawsociety.asn.au/for-members/mandatory-cpd/cpd-forms](http://www.actlawsociety.asn.au/for-members/mandatory-cpd/cpd-forms)

**Note:** you must keep your own CPD records and supporting documentation. Random audits are conducted by the Society.

I declare that the information contained in or with this application is true and correct and that I have not omitted any relevant information.

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**

14. (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) I do not currently hold a practising certificate. I was originally admitted as a  of the Supreme Court of  on  Roll No:  **(Please attach a copy of your Admission Certificate)**

15. I previously held an ACT practising certificate from  until  **(Please complete only if you have previously held an ACT practising certificate).**

16. (a) I have **attached** my Practice Management Course Certificate;

**OR**

(b) I undertake to complete an approved Practice Management Course by a date set by the Law Society of the ACT. I acknowledge that it is a condition of my practising certificate that I fulfill this undertaking (s47).

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.

18. Optional: I identify as Aboriginal or Torres Strait Islander.

**I declare that the information contained in or with this application is true and correct and that I have not omitted any relevant information.**

Applicant's Signature: .....

Dated: .....