actlawsociety

Application for issue of an

Unrestricted Practising Certificate (UPC) for a practitioner not residing in Australia

	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 2018			
Plea	ase tick the box indicating whether you are in category A, B or C.			
	A: Application for the RENEWAL of an ACT Unrestricted Practising Certificate			
	u currently hold an ACT Unrestricted Practising Certificate or have held an ACT Unrestricted Practising Certificate in the last 5 years, and you would like to hold an Unrestricted Practising Certificate for the year ending 30 June, 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 Unre Practising Certificate for the year ending 30 June 2018, complete Parts 1 and 3 .	stricted		
	C: Application for an ACT Unrestricted Practising Certificate if your previous ACT Unrestricted Practising Certificate EXPIRED 5 years or more ago.	9		
	If you held an ACT Unrestricted Practising Certificate that expired 5 years or more ago and you would like to Unrestricted Practising Certificate for the year ending 30 June 2018, complete Parts 1 and 3 .	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: A	ALL APPLICANTS TO COMPLETE				
Title	Full name (please print)	Member ID:			
1. I,					
of (resident	ial address):				
Suburb	State Postcode	Date of birth			
Phone No:	(BH) (Mobile)				
Email: (Wo	rk)				
Email: (Ho	me)				
Postal addı	ress (if differs from residential/office address):				
 I am If I a gran 	ce for the year ending 30 June 2018. I admitted as an Australian lawyer (ss 7 and 41(1)). Im successful in this application, I will not hold a practising certificate in another need this certificate until this certificate expires or is surrendered (ss 35(3)). Incitise / will practise: as a Principal/ Director/ Managing Director/ Managing Partner/ Partner/ Associ	·			
	at the following place of employment				
OR on my own account under the name of					
	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 2017. 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 2017 receive or hold trust money or controlled money. (tick this box if you did not hold or receive trust money)				
INS	<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 2017 and 31 March 2018. (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 "showcause 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 Practisi of the ACT. (you must tick this box)	ng Certificate issued by the Law Society
	Note: If you have practised in any other jurisdiction(s) since you last held an <i>A</i> attach a Certificate of Good Standing from each jurisdiction to this renewal ap	
13. (a)	I have fulfilled the minimum CPD requirements for the 2016 – 2017 CPD year ((tick this box if you fulfilled your CPD requirements)	10 CPD units covering four core areas).
	OR	
(b	a) I have not fulfilled the minimum CPD requirements for the 2016 – 2017 CPD y (tick this box if your CPD requirements were not fulfilled)	rear.
	Note : If, under the CPD guidelines, you were required to complete fewer that those units, please select (a). If you were granted an extension of time and 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/materials.	
	I declare that the information contained in or with this application is true any relevant information.	and correct and that I have not omitted
Applica	ant'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 category					
14.	(a)	I currently hold a		prac	ctising certificate is	sued by		
		(Unless issued by	the Law Society of t	the ACT, you i	must attach a cop	y).		
	OR							
	(b)	I do not currently hole	d a practising certifica	ıte. I was origii	nally admitted as a			
		of the Supreme Cou	ırt of			on		
		Roll No:	(Pleas	e attach a cop	y of your Admiss	ion Certificat	te).	
15.	•	•	practising certificate		T	until		
	(Ple	ase complete only i	f you have previous	iy neid an AC	i practising certii	ricate).		
		•	f the ACT requires a		ŭ	each jurisdict	tion you have b	een admitted
	in a	nd/or practised in (ex	cluding ACT). Please	attach copies	to this application.			
16.	(a)	I have attached my	Practice Managemen	nt Course Certi	ficate.			
	OR							
	(b)		olete an approved Pra is a condition of my p	•	•	,	,	of the ACT. I
17.			O sets out criteria that ration identifies the ite					
18.	Opti	ional: I identify as Abo	original or Torres Stra	it Islander.				
		clare that the inforn relevant informatio	nation contained in n.	or with this ap	oplication is true	and correct a	and that I have	not omitted
Appli	cant's	Signature:				Dated:		