actlawsociety

Application for issue of a

Restricted Practising Certificate (RPC) 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 2019							
Plea	ase 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 2019 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 Practificate for the year ending 30 June 2019 complete Parts 1 and 3 .							
	C: Application for an ACT Restricted Practising Certificate if your previous ACT Restricted Practisin Certificate EXPIRED 5 years or more ago.	g						
	If you held an ACT Restricted Practising Certificate that expired 5 years or more ago and you would like Restricted Practising Certificate for the year ending 30 June 2019, complete Parts 1 and 3 .	ce to hold a						

the law society of the australian capital territory level 4 1 farrell place canberra act 2601
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Note: Unless otherwise specified, section numbers refer to the *Legal Profession Act* 2006 and *Legal Profession Regulation* 2007.

PART	1: ALL AF	PLICANT	S TO CC	MPLET	E						
Title	e Full na	ıme (please p	print)						Member ID:		
1. I,		· · ·	,								
of (resid	dential addr	ess):									
Suburb				State		Postc	ode		Date of birth		
Phone I	No: (BH)			(AH)			(Mobile)				
Email: ((Work)										
Email: (Home)										
Postal a	address (if o	liffers from	residentia	ll/office ad	ddress):						
legal pr	actice for th	e year end	ing 30 Jur	ne 2019.			Legal Professi	ion Ac	t 2006 authoris	ing me	e to engage ir
					7 and 41(1)).						
3. I	It is a condit	tion of this	certificate	that I will	not practise a	as a prin	cipal (s 47).				
							certificate in an ered (ss 35(3)).	other	State or Territor	ry fron	n the time I an
5. l	l practise / v	vill practise	as an em	ployee at	the following	place o	f employment				
!											
-	The physical address(es) at which I practise / will practise principally is / are										
-	The postal a	address (if	different) i	s							
								D	(



MANDATORY CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

IVIZ XI	DEPTORT CONTINUING FROM ESCIONAL DEVELOT MENT (OF D)						
6.	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).						
<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 reasonabily 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 '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'.

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 Certificate issued by the Law Society of the ACT. (you must tick this box)
	Note: If you have practised in any other jurisdiction(s) since you last held an ACT practising certificate you must attach a Certificate of Good Standing from each jurisdiction to this renewal application.
12.	(a) I have fulfilled the minimum CPD requirements for the 2017 – 2018 CPD year (10 CPD units covering four core areas). (tick this box if you fulfilled your CPD requirements) OR
	(b) I am exempt from the minimum CPD requirements as I hold a restricted practising certificate and have been admitted to practice for a period exceeding 40 years. (tick this box if your CPD requirements do not need to be fulfilled) OR
	(c) I have not fulfilled the minimum CPD requirements for the 2017 – 2018 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 (c), please complete an application for exemption or extension of time. See www.actlawsociety.asn.au/for-members/mandatory-cpd/cpd-forms
	I declare that the information contained in or with this application is true and correct and that I have not omitted any relevant information.
Applic	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 iss	sued by			
		(Unless i	ssued by th	e Law Society of the ACT, yo	ou must attach a copy).				
	OR							,	
	(b) I do not currently hold a practising certificate. I was originally admitted as a								
		of the Sup	oreme Court	of		on		1	
		Roll No		(Please attach a co	py of your Admission Co	ertificate).		1	
		_				•			
14.	Lnro	viously bol	ld an ACT nr	actising certificate from	un	stil T		1	
17.	•	•	•	ou have previously held an				J	
	(0.	acc comp		ou have proviously hold unit	to i practicing continuat	,.			
	Note	: The Law	Society of the	ne ACT requires a Certificate o	f Good Standing from eac	h jurisdictior	n you have been		
	adm	itted in and	d/or practised	I in (excluding ACT). Please at	tach copies to this applica	ition.			
15.	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.								
		.							
Applic	cant's	Signature:			Dat	ed:			