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 2020	
Please	e tick the box indicating whether you are in category A, B or C.	
<u>A: A</u>	pplication for the RENEWAL of an ACT Unrestricted Practising Certificate	
Certifi	icate within the last 5 years, and you would like to hold an Unrestricted Practising Certificate	
<u>B: A</u>	pplication for a FIRST ACT Unrestricted Practising Certificate	
		Unrestricted
_		<u>ricted</u>
•		
	A: A If you Certif endin B: A If you Pract C: A Pract If you	(Print your full name in block letters)

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 APPLIC	CANTS TO C	OMPLETE					
Title	Full name (pl	lease print)				1	Member ID:	
1. I,								
of (resident	tial address):							
Suburb			State	Pos	stcode	Date of birth		
Phone No:	(BH)		(AH)		(Mobile)			
Email: (Wo	ork)							
Email: (Ho	ome)							
Postal add	ress (if differs	from resident	tial/office addres	ss):				
legal practi 2. I am 3. If I a grar	n admitted as am successfunted this certife actise / will pre as a Princip	ar ending 30 J an Australian Il in this applic ficate until this actise: al/ Director/ M	une 2020. lawyer (ss 7 an cation, I will not I s certificate expire	d 41(1)). hold a practisinges or is surrenor/	g certificate in ar dered (ss 35(3)). artner/ Partner/ A	nother State or Territ Associate/ Employee	-	
		ring place of e		ise / will practis	e principally is / a	are		
	- p		,		i ibaniy			
	The postal a	address (if diff	erent) is					
					DV			



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 2019. 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 2019 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 7.	NDATORY CONTINUING PROFESSIONAL DEVELOPMENT (CPD) 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 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).



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

	urrently hold, or within the last five years held, an ACT Unrestricted Practising the ACT. (you must tick this box)	ing Certificate issued by the Law Society
	te: If you have practised in any other jurisdiction(s) since you last held an A ach a Certificate of Good Standing from each jurisdiction to this renewal ap	
13. (a) I ha	ave fulfilled the minimum CPD requirements for the 2018 – 2019 CPD year (tick this box if you fulfilled your CPD requirements)	(10 CPD units covering four core areas).
OR	R	
(b) I I	nave not fulfilled the minimum CPD requirements for the 2018 – 2019 CPD (tick this box if your CPD requirements were not fulfilled)	year.
units	e: If, under the CPD guidelines, you were required to complete fewer than 10 , please select (a). If you were granted an extension of time and have not (a).	•
	e: If you are renewing a current ACT practising certificate and you ticked aption or extension of time. See www.actlawsociety.asn.au/for-members/m	
	clare that the information contained in or with this application is true a relevant information.	and correct and that I have not omitted
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

			Insert	category				
14.	(a)	I currently ho	ld a		practising certificate is	sued by		
		(Unless issu	ed by the Lav	v Society of the AC	Γ, you must attach a co	ру).		
	OR		-	-				
	(b)	I do not curren	itly hold a prac	tising certificate. I wa	as originally admitted as a	a		
	()	of the Suprer	· -		on			
		Roll No:		(Please attacl	n a copy of your Admis	sion Certific	ate).	
					.,		,	
				_		г		
15.	•	•	•	ng certificate from		until		
	(Ple	ease complete	only if you ha	ave previously held	an ACT practising cert	iticate).		
	Not	e· The Law So	ociety of the AC	T requires a Certifica	ate of Good Standing from	n each iurisd	iction you have been	
		Note: The Law Society of the ACT requires a Certificate of Good Standing from each jurisdiction you have been admitted in and/or practised in (excluding ACT). Please attach copies to this application.						
			(-	3				
16.	(a) I have attached my Practice Management Course Certificate;							
	OR							
	(b)	I undertake to	o complete an	approved Practice M	anagement Course by a	date set by t	the Law Society of the ACT.	
	()	acknowledge that it is a condition of my practising certificate that I fulfill this undertaking (s 47).						
17.	The	table in Regul	ation 10 sets o	out criteria that must	be met by applicants for	an Unrestrict	ed Practising Certificate. The	
	attached statutory declaration identifies the item number and outlines how I meet the qualification under that regulation.							
18.	Opt	ional: I identify	as Aboriginal	or Torres Strait Island	der.			
				ontained in or with	this application is true	and correct	and that I have not omitted	
	any	relevant info	rmation.					
ilaaA	cant's	Signature:				Dated:		