

THE AUSTRALIAN CAPITAL TERRITORY BAR ASSOCIATION ABN 84 008 481 258

APPLICATION FOR GRANT OF BARRISTERS' PRACTISING CERTIFICATE

Before completing this form you should familiarise yourself with the relevant provisions of the *Legal Profession Act 2006* and *Legal Profession Regulation 2007*. The information requested on this form will be used to process your application for your practising certificate and to maintain the register of holders of ACT practising certificates required by s79 of the *Legal Profession Act 2006* as well as to carry out the Association's functions under the Act and Regulations. The register includes the name of the legal practitioner, contact details of the office of the practice (street address, postal address and DX) and certain conditions imposed on the practicing certificate. The register is available for inspection by the public.

Professional Indemnity Insurance

All Barristers' Practising Certificates are issued on the basis that the applicant will be the holder of an approved policy of Professional Indemnity Insurance (minimum cover \$1.5 million) pursuant to s312(1)(a) and (b)(1) of the Act. PII policies are approved by the Bar Council each practising year and are published on the Association's website.

PART ONE - PERSONAL DETAILS

FAMILY NAME		
GIVEN NAMES _		
PREVIOUS FAMI	LY NAME (ifapplicable):	
PREFERRED FOR	M OF ADDRESS:	
(For mailing/well	osite purposes eg. Mr J Harry Smith	/Mr J H Smith SC)
DATE OF BIRTH:		GENDER:



PRACTICE DETAILS

YEAR OF ADMISSION:			
CHAMBERS:	CLERK'S NAME:		
BUSINESS ADDRESS:	Please note that a post office bo	ox is <u>not</u> a practi	 ce address
DX No:	_State:		
AUSTRALIAN BUSINESS	S NUMBER (ABN):		
CHAMBERS PH:	FAX:		
MOBILE:		Not for Publicati	ion)
*E-MAIL:			_
provided it with their Practitioners, Request J Development seminars	regularly sends e-mails to mem e-mail address. Material sent for Submissions and Memorandus and social functions. Because mashort notice, there is no other	by e-mail inclu <i>ms, Updates or</i> nuch of the info	ndes Circulars, Notice to n Continuing Professional ormation e-mailed needs
If you do not wish to below.	receive broadcast e-mails from	the Association	n, please indicate clearly
I do NOT wish to receiv	ve broadcast e-mails from the Asso	ociation	П



RESIDENTIAL ADDRESS (not for publication‡): STATE: POSTCODE: PHONE: ‡ We ask that you provide details of your residential address and phone number. The information provided will be used only in exceptional circumstances by the Bar Council and the Bar Association staff. It will not be made generally available without your written consent unless it is also your practice address. Do you identify as an Aboriginal or Torres Strait Islander person?* YES / NO *An Aboriginal person or Torres Strait Islander is a person who is of Aboriginal or Torres Strait Islander descent, identifies as an Aboriginal or Torres Strait Islander person, and is accepted by an Aboriginal or Torres Strait Islander community as an Aboriginal person or Torres Strait Islander. If YES, do you consent to your profile on the Bar Association's 'Find a Barrister' Directory being linked to the ABA's 'Indigenous Barristers Directory'? YES / NO **PART TWO PROFESSIONAL DETAILS** Please give details of your tertiary academic qualifications: 2.1 (a) Academic qualifications in law Qualification Name of Institution Year Awarded



(b)	b) Other academic qualifications				
	Qualification	Name of Institution	Year Awarded		
2.2	•	Please list any other languages that you speak and can confidently use in place of English when dealing with a person who speaks little or no English:			
2.3	Which of the fo	lowing most describes your	CURRENT profession?		
(Pleas	e tick only one cat	egory)			
	Student (just been admitted to practice); Practising as a solicitor in the Australian Capital Territory; Practising as a barrister in another state or territory; Practising as a solicitor or solicitor and barrister in another state or territory; Practising within the Office of the DPP, AGS, GSO, Parliamentary Counsel, ODMP, Defence Legal. (Please circle one). Other. Please specify:				
2.4	Will practising as a barrister in the ACT be your principal endeavour? □ YES □ NO				
2.5	If not, what portion of your time do you expect to spend practising as a barrister in the ACT? Please provide details:			rinthe	
2.6	Date admitted i	n any Australian Jurisdictior	as a Barrister/Solicitor/Legal Practiti	ioner:	
	State/Territory:	Date:			
	A copy of your c	ertificate of admission MUST	be enclosed with this application		



Is your adı	ission in any other jurisdiction subject to any conditions?
□ YES	□ NO [If YES, please provide details]
Have you	reviously applied for or held any ACT practising certificate?
	e attach copy of your last PC and a Certificate of Fitness from the is
Australian	reviously applied for or held any practising certificate/s in any other tate or territory?
Australian YES If YES, plea	tate or territory?
Australian YES If YES, plea no older t certificate. If you hold	e provide details together with a Certificate of Fitness (the certificate
Australian YES If YES, plea no older t certificate. If you hold YES = NO	tate or territory? □ NO e provide details together with a Certificate of Fitness (the certification 2 months) from each Authority that has issued you with a current practising certificate, is it subject to any conditions?



On what d	On what date do you wish to commence to practise at the ACT Bar?		
order and	practising certificate will be issued as of that date, if all documentation the Bar Council has determined to grant the practising certificate by seenote that practising certificates cannot be backdated.		
AGE			
Have you p	previously undertaken pupillage or any part of the Reading Program?		
□ YES	□ NO		
If YES Pleas	se provide details and proof of completion.		
Have you l	been appointed Queen's Counsel or Senior Counsel in another jurisdict		
□ YES	□ NO		
If YES, plea	se state jurisdiction, date of appointment and a copy of your certificate		
Have you l	been approved as a Mediator by the Supreme Court of the ACT?		
□ YES	□ NO		
• •	ise attach copy of the formal approval issued by the Chief Justice of the Court of the ACT.		



PART THREE

DISCLOSURE OF OFFENCES AND BANKRUPTCY MATTERS

The Legal Profession Act 2006 requires disclosure of show cause events (serious offences, tax offences and certain bankruptcy matters). In addition Rule 115 of the Barrister's Rules requires disclosure of show cause events (serious offences, tax offences and certain bankruptcy matters).

3.1	Have you ever been convicted (conviction includes a finding of guilt or the acceptance of a guilty plea, whether or not a conviction is recorded) of a serious offence or a tax offence?		
	_ Y	YES □ NO If YES, you must provide details of the event and a statement explaining why, despite the event, you consider yourself to be a fit and proper person to hold an ACT practising certificate.	
		ve you ever been convicted (conviction includes a finding of guilt or the acceptance a guilty plea, whether or not a conviction is recorded) of any offence than an cluded offence?	
	□ Y	YES □ NO If YES, you must advise the details of the offence, including the date of the office and any penalty imposed.	
3.3	3 Have you, at any time in the last ten (10) years, been the subject of any of th following disclosable events:		
	(a)	the making of a sequestration order, or the filing of a debtor's petition, pursuant to the <i>Bankruptcy Act 1966</i> (Cth)?	
		□ YES □ NO	
b)		the entry into a debt agreement pursuant to Part IX of the <i>Bankruptcy Act 1966</i> (Cth), or an agreement, composition or arrangement pursuant to Part X of that Act?	
		□ YES □ NO	
	(c)	disqualification from managing or being involved in the management of any body corporate under any law in force in any jurisdiction within Australia, including disqualification from managing corporations under Part 2D.6 of the <i>Corporations Act</i> 2001?	
		□ YES □ NO	



	(d)	conviction of an offence under any law in force in Australia, or in any overseas country, or a finding that such an offence is proved against the applicant, where the maximum penalty for the offence is a term of imprisonment of 12 months or more, or where fraud or dishonesty is an element of the offence?
		□ YES □ NO
	(e)	are you aware of any facts or circumstances which might affect your fitness to remain a legal practitioner, including non-compliance with any obligation under the <i>Income Tax Assessment Act 1936?</i>
		□ YES □ NO
		ES to any of questions 3.3(a) to (e), please attach <u>full</u> details under a separate achment.
PART F	OUF	<u>I</u>
<u>FITNES</u>	S AN	ID PROPRIETY
Apart f	rom	matters disclosed in accordance with Part Three:-
4.1	Hav	ve you done anything likely to adversely affect your good fame and character?
	□ Y	ES □ NO
	If Y	ES, please attach a written statement disclosing the matters.
4.2	Are you aware of any facts or circumstances which might affect your fitness to become or remain a legal practitioner, including non compliance with any obligation under the <i>Income Tax Assessment Act 1936</i> ?	
	□ Y	ES □ NO
	If Y	ES, please attach a written statement disclosing the matters.



4.3	Are you aware of any facts or circumstances which might affect your fitness to become or remain a legal practitioner, including non-compliance with any obligation under any applicable taxation or revenue legislation?		
	□ YES □ NO		
	If YES, please attach a written statement disclosing the matters.		
4.4	Have you been charged with serious offence as defined in the <i>Legal Profession Act</i> 2006?		
	□ YES □ NO		
	If YES, please attach a written statement setting our details of the charge.		
4.5	Have you had, or is there currently, any complaint lodged against you as a legal practitioner, whether in the Australian Capital Territory or any other jurisdiction, not previously disclosed to the ACT Bar Association the ACT Law Society or a Corresponding Authority as defined in the Act?		
	□ YES □ NO		
	If YES, please attach full details including outcome if known.		
PROVI	SION AND USE OF PROFESSIONAL DETAILS FOR PUBLICATION		
	ation about you is collected, stored, used and disclosed by the Australian Capital Territory sociation in accordance with the <i>Privacy Act 1988</i> (Cth).		
Information provided by you to the Association will be used by the Association in carrying out its functions under the <i>Legal Profession Act 2006</i> .			

jurisdictions in accordance with the *Legal Profession Act 2006*.

Each year, for the purposes of the NSW Law Society diary and the Australian Legal Directory, the

The Association may also disclose information to other regulatory authorities in other

Association provides the contact details of every barrister who is a Class A member of the Association and holds an Australian Capital Territory Barrister's Practising Certificate. The details provided include the barrister's name, business address (including DX), phone and fax numbers, date of commencement of practice and email address.



The Association provides the information for this publication as it is a matter of public record and does not include personal or sensitive information about any individual barrister.

The Association also provides you practice contact details to members of the public on request (including information you have provided regarding your contact details, practice areas, other languages spoken and other jurisdictions where you have been admitted). **No personal or sensitive information is provided to the public.**

Information provided by members will also be used to maintain membership records. Your practice details will, if you have agreed appear on the Association's "Find a Barrister" webpage which allows members of the public and solicitors to search for a barrister suited to their particular need.

STATUTORY DECLARATION			
l,	of		
application declaration	nly and sincerely declare that, the information and particulars set forth in the above in for a Practising Certificate are true in substance and in fact and I make this solemn in conscientiously believing the same to be true, and by virtue of the provisions of the Affirmations Act 1984.		
Declared t	his day ofin the year		
at	in the State of		
before me			
JUSTICE O	Delete as appropriate) F THE PEACE/NOTARY PUBLIC APPLICANT B/BARRISTER		
l,	the above witness, certify that:		
1. 2.	I saw the face of the declarant/deponent, I have known the person for at least 12 months, or		
3.	I have confirmed the person's identity with		



Schedule of Barristers' Practising Certificate

Fees Effective 1 July 2020

(PC Fees are exempted from GST)

Seniority	Current PC Fees
Silk	\$3,390.00
Junior 13+years	\$2,712.00
Junior 6 – 12 years	\$2,265.00
Junior 3 – 5 years	\$1,560.00
Junior 1 – 2 years	\$1,260.00
Readers	\$532.00
Statutory Office PC Holders	\$587.00