actlawsociety

Application for issue of a Restricted Practising Certificate (RPC) for an In-House Lawyer

	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
	('The relevant practice year')
Pleas	e 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 entitling you to practise as an in-house lawyer for the relevant practice year, 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 Practising Certificate entitling you to practise as an in-house lawyer for the relevant practice year, complete Parts 1 and 3 .
	C: Application for an ACT Restricted Practising Certificate if your previous ACT Restricted Practising Certificate EXPIRED 5 years or more ago.
	If you held an ACT Restricted Practising Certificate that expired 5 years or more ago and you would like to hold a Restricted Practising Certificate entitling you to practise as an in-house lawyer for the relevant practice year,

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

complete Parts 1 and 3.



Note: Unless otherwise specified, section numbers refer to the *Legal Profession Act* 2006 and *Legal Profession Regulation* 2007.

PART 1: ALL A	PPLICANTS TO COM	PLETE				
Title Full	name (please print)			Member ID:		
1. I,						
of (residential add	ress):					
Suburb		State	Postcode	Date of birth		
Phone No: (BH)		(AH)	(Mobile)			
Email: (Work)						
Email: (Home)						
Postal address (if	differs from residential/o	ffice address):				
 I am admitt It is a cond If I am success 	of a Restricted Practise evant practice year. The das an Australian lawy ition of this practising ce cessful in this application is certificate until this certificate.	ver (ss 7 and 41(1)). rtificate that I will not p	ractise as a principal (s	s 47).		
5. I practise /	I practise / will practise as an employee at the following place of employment:					
The physic	al address(es) at which	l practise / will practise	principally is / are			
The postal	address (if different) is					
				DX		



CONDITION REGARDING IN-HOUSE PRACTISE

- 6. I do not intend to and will not engage in legal practice otherwise than:
 - (i) as an in-house lawyer providing in-house legal services to a corporation that is not an incorporated legal practice; and/or
 - (ii) for the ACT Law Society's Legal Advice Bureau; and/or
 - (iii) as a volunteer for any "complying community legal centre" as defined in s 208; and/or
 - (iv) in any other capacity that is specifically approved by the Law Society of the ACT.

I understand that it is a condition of this practising certificate that I practise only in the capacities stated at (i) to (iv) above (s 47).

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 (CPD year), ahead of the conclusion of the relevant practice 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.

Society.

I understand that it is a condition of this practising certificate that I complete 10 CPD units in the relevant CPD year.

(vou must tick this box)

Practitioners must keep their own CPD records and supporting documentation. Random audits are conducted by the

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 it is a condition of this practising certificate that I will not, at any time during the relevant practice year, receive or hold trust money or controlled money (s 47).
- 10. 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).



- 11. 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 within 28 days (s 61).
- 12. 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'.
 - (a) This application form contains all relevant information as to whether I am a 'fit and proper person'.

OR

(b) I have **attached** a statement containing all additional relevant information.



PART 2: RENEWAL APPLICANTS ONLY TO COMPLETE

13.	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.
14.	(a) I have fulfilled the minimum CPD requirements for the preceding 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 preceding 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 fo 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	cant'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	t category			
15.	(a)	I currently	hold a			practising certification	ate issued by	
		(Unless is	sued by t	he ACT La	w Society, you	must attach a copy).		
	OR							
	(b)	l do not curr	ently hold	a practisin	g certificate. I w	as originally admitted as	sa	
		of the Supr	eme Cour	t of			on	
		Roll No:			(Please attach	a copy of your Admis	sion Certificate).	
		L						
	Note	n Tho Low 9	Coninty of	the ACT re	auiros a Cartifia	ate of Cood Standing fro	om oach juriadiation vou bavo boon	
			•		•	se attach copies to this	om each jurisdiction you have been	
	uum	ittod iii diidi	or practice	in (oxola	ding 7101). 1 load	o attach copies to time t	арриосион.	
10		:	A O.T		- 4:6: - 4 - 6			
16.	•	•	•	•	ertificate from	an ACT practising ce	until	
	(1.16	ase comple	ite only ii	you nave	previously neid	an Act practising cer	runcate).	
17.	Onti	onal: Lidenti	ify as Ahor	iginal or To	orres Strait Islan	der \square		
17.	Opti	oriai. I identi	ily as Abol	igiliai oi T	ones otiait isiani	лет. —		
		I declare that the information contained in or with this application is true and correct and that I have not omitted						
	any	relevant in	formation					
Appli	cant's	Signature:					Dated:	