

**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 2017

Please 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 year ending 30 June 2017, 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 year ending 30 June 2017, 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 an Restricted Practising Certificate entitling you to practise as an in-house lawyer for the year ending 30 June 2017, complete **Parts 1 and 3**.

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 Fax: 02 6274 3754
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: ALL APPLICANTS TO COMPLETE

Title	Full name (please print)	Member ID:	
1. I,			
of (residential address):			
Suburb		State	
		Postcode	
Date of birth			
Phone No: (BH)		(AH)	
		(Mobile)	
Email: (Work)			
Email: (Home)			
Postal address (if differs from residential/office address):			

apply for the issue of **a Restricted Practising Certificate** under the *Legal Profession Act 2006* authorising me to engage in legal practice for the year ending 30 June 2017.

- I am admitted as an Australian lawyer (ss 7 and 41(1)).
- It is a condition of this practising certificate that I will not practise as a principal (s 47).
- If I am successful in this application, I will not hold a practising certificate in another State or Territory from the time I am granted this certificate until this certificate expires or is surrendered (ss 35(3)).
- I practise / will practise as an employee at the following place of employment:

The physical address(es) at which I 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) (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. 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

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 2016 and 31 March 2017**. *(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 it is a condition of this practising certificate that I will not, at any time during the year ending 30 June 2017, 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)

14. (a) I have fulfilled the minimum CPD requirements for the 2015 – 2016 CPD year (10 CPD units covering four core areas).

(tick this box if you fulfilled your CPD requirements)

OR

(b) I have not fulfilled the minimum CPD requirements for the 2015 – 2016 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 (b), please complete an application for exemption or extension of time. See www.actlawsociety.asn.au/for-members/mandatory-cpd/cpd-forms

Note: you must keep your own CPD records and supporting documentation. Random audits are conducted by the Society.

I declare that the information contained in or with this application is true and correct and that I have not omitted any relevant information.

Applicant'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**

15. (a) I currently hold a practising certificate issued by

Unless issued by the ACT Law Society, you must attach a copy;

OR

(b) I do not currently hold a practising certificate. I was originally admitted as a of the Supreme Court of on Roll No: **(Please attach a copy of your Admission Certificate)**

16. I previously held an ACT practising certificate from until **(Please complete only if you have previously held an ACT practising certificate).**

17. 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.

Applicant's Signature:

Dated: