



**THE AUSTRALIAN CAPITAL TERRITORY
BAR ASSOCIATION**
ABN 84 008 481 258

**APPLICATION FOR GRANT
of
BARRISTER PRACTISING CERTIFICATE**

Approved form AF2007-43 – Application for grant of barrister practising certificate – Legal Profession
Act 2006 section 587(1), for the purposes of section 42(1)(a).

Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au



**THE AUSTRALIAN CAPITAL TERRITORY
BAR ASSOCIATION
ABN 84 008 481 258**

The Australian Capital Territory Bar Association

**APPLICATION FOR GRANT OF BARRISTER PRACTISING CERTIFICATE
FOR FINANCIAL YEAR [xxxx]/[yyyy]**

Before completing this form you should familiarise yourself with the relevant provisions of the *Legal Profession Act 2006*. The information requested on this form is to enable the Bar Council to report and the Law Society to issue your Practising Certificate and maintain a register of holders of Australian Capital Territory Practising Certificates pursuant to the provisions of the *Legal Profession Act 2006*.

The Application is made, pursuant to the Act and the Regulations, to the Licensing Authority, which is the Law Society of the Australian Capital Territory, and is made by completing the Application form and delivering it to the Bar Association with payment to the ACT Bar Association of the fee for the Practising Certificate.

PART 1

PERSONAL DETAILS AND PRACTICE DETAILS

FAMILY NAME: _____

GIVEN NAMES: _____

PREVIOUS FAMILY NAME (if applicable): _____

PREFERRED FORM OF ADDRESS: _____
(For mailing/website purposes eg. Mr J Harry Smith/Mr John H Smith S.C./Ms JH Smith S.C.)

DATE OF BIRTH: _____ **GENDER:** _____

CHAMBERS / BUSINESS ADDRESS:Please note that a post office box is not a practice address

DX: _____**AUSTRALIAN BUSINESS NUMBER:**

BUSINESS ADDRESS FOR PUBLICATION:

(if not as above)

CHAMBERS PH: _____ **FAX:** _____**DIRECT PH:** _____ **PH:** (for publication) _____**MOBILE:** _____ (not for publication)***E-MAIL:** _____

* The Bar Association regularly sends e-mails to those members of the Bar and the Bar Association who have provided it with their e-mail address. Material sent by e-mail includes *Circulars, Notice to Practitioners, Request for Submissions and Memorandums, Updates on Continuing Professional Development seminars and social functions*. Because much of the information e-mailed needs to be disseminated at a short notice, there is no other feasibility to distribute the information more efficiently.

If you **do not** wish to receive broadcast e-mails from the Association, please indicate clearly below.I do **NOT** wish to receive broadcast e-mails from the Association []**RESIDENTIAL ADDRESS** (not for publication‡): _____

STATE _____ **P/CODE** _____**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.**

PART 2

ACADEMIC QUALIFICATIONS

2.1 Please give details of your tertiary academic qualifications:

(a) Academic qualifications in law

Qualification	Name of Institution	Year Awarded
_____	_____	_____
_____	_____	_____

(b) Other academic qualifications

Qualification	Name of Institution	Year Awarded
_____	_____	_____
_____	_____	_____

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:

PART 3

PROFESSIONAL DETAILS

3.1 Which of the following most describes your CURRENT profession for the next twelve (12) months? (Please tick one (1) category only)

- Reader
- Practising principally as a barrister at the private bar in the Australian Capital Territory;
- Prosecutors within the Office of the DPP
- Parliamentary Counsel
- Government Legal Officer

- * Person whose name has been entered on the Roll of people admitted to the legal profession in the Supreme Court of an Australian jurisdiction and is employed

by a teaching institution

in some other capacity

* If you selected either option immediately above, please specify:-

Employer: _____

Nature of employment: _____

What portion, if any, of your time is spent practising as a barrister? _____

- Other – Please specify: _____

3.2 Are you an Australian legal practitioner and are you or will you be in the financial year 2006/2007 practising solely as a barrister?

(N.B. An Australian legal practitioner is defined as an Australian lawyer who holds practising certificate or interstate practising certificate; see s 8 of the Act)

YES NO

3.2.1 Is the ACT the jurisdiction in which you now principally engage in legal practice? or

YES NO

3.2.2 Will the ACT be the jurisdiction in which you reasonably expect to practice in the financial year [xxxx]/[yyyy]? or

YES NO

3.2.3 Is the ACT your place of residence in Australia? or

YES NO

3.2.4 Do you hold a local practising certificate and engage in legal practise in another jurisdiction under an arrangement that is of a temporary nature?

YES NO

3.3 If NO to 3.2;

3.3.1 Do you expect to be principally engaged in legal practice as a barrister in the ACT in the financial year [xxxx]/[yyyy]?

YES NO

3.3.2 Is the ACT your place of residence in Australia?

YES NO

3.3.3 Will you be the holder of another Australian practising certificate in the financial year [xxxx]/[yyyy]?

YES NO If yes, please provide details.

3.4 When were you admitted as a Barrister/Legal Practitioner?:

Barrister: _____

Legal Practitioner: _____

Date appointed as Silk: _____

3.4.1 If your admission to the legal profession is in another State, Territory or Country, please specify the State, Territory or Country, the date of such admission, and the category e.g. Barrister, Solicitor, Legal Practitioner:

State, Territory or Country: _____

Day / Month / Year _____

Admitted as: Barrister Solicitor Legal Practitioner Barrister / Solicitor

3.5 In which other jurisdictions are you admitted?

(Please specify jurisdiction and date of admission)

(N.B. Holders of an ACT barrister's practising certificate are entitled to practice as a barrister in all other jurisdictions by virtue of that practising certificate.)

3.6 Please provide details of other countries in which you are eligible to practise:

3.7 Is your admission in any other jurisdiction subject to any conditions?

YES NO If YES, please provide details.

3.8 Have you ever been refused a practising certificate?

YES NO If YES, please attach details

3.9 If you hold a current practising certificate, is it subject to any conditions?

YES NO NOT APPLICABLE If YES, please provide details.

3.10 If ACT will not be your principal place of practice during the currency of the practising certificate applied for, please advise which State/Territory will be your principal place of practice and the basis upon which you are eligible for an ACT practising certificate.

3.11 Have you previously undertaken pupillage or any part of Reading Program?

YES NO If YES, please attach details.

3.12 Have you been appointed Queen's Counsel or Senior Counsel in another jurisdiction?

YES NO If YES, please state jurisdiction and date of appointment.

PART 4

DISCLOSURE OF OFFENCES AND BANKRUPTCY MATTERS

Rule 115 of the Barrister's Rules requires disclosure of show cause events (serious offences, tax offences and certain bankruptcy matters).

- 4.1 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.

- 4.2 Are you the holder of a current practising certificate, authorising you to practise as a barrister, issued in another State or Territory of the Commonwealth?**

YES NO If YES, please provide the following details:-

(a) Name of Issuing Authority: _____ Date: _____

(b) Was the above certificate subject to any conditions?

YES NO If YES, please attach details.

(c) If conditions were imposed by the certificate, what were the conditions? Please attach details.

(d) Sign the attached consent form.

(e) Have you, since the issue of the certificate, been the subject of any of the disclosable events listed in 4.4 or complaint against you as a legal practitioner.

YES NO If YES, please provide details.

- 4.3 If the answer to 4.2 is NO, please answer 4.4.**

- 4.4 Have you, at any time in the last ten (10) years, been the subject of any of the following disclosable events:**

(a) the making of a sequestration order, or the filing of a debtor's petition, pursuant to the Bankruptcy Act 1966 (Cth)? **YES / NO**

Approved form AF2007-43 – Application for grant of barrister practising certificate – Legal Profession Act 2006 section 587(1), for the purposes of section 42(1)(a).

Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au

- (b) the entry into a debt agreement pursuant to Part IX of the Bankruptcy Act 1966 (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 Corporations Act 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 *Income Tax Assessment Act 1936*? **YES / NO**

If YES to any of questions 4.4(a) to (e), please attach full details.

NOTE: If you have previously disclosed any such matter under former Rule 123 of the Australian Capital Territory Barristers Rules you need only provide the date of the correspondence to the Bar Association in which you made the disclosure.

CONSENT FORM

I _____ of, _____

hereby consent to the provision to the ACT Bar Association of all information held by _____ [here insert the name of the body identified in question 4.2 (a)], relating to any disclosable events as set out in 4.4, or complaint against me as a legal practitioner occurring in the last 10 years],

and I hereby authorize _____ to release all such information to the ACT Bar Association in the following circumstances:-

- (i) The answer to 4.2 (e) is YES; or
- (ii) A disclosable event as set out in 4.4 occurs during the currency of such certificate granted in respect of this application.

PART 5

FITNESS AND PROPRIETY

Apart from matters disclosed in accordance with Part 4:-

5.1 Have you done anything likely to adversely affect your good fame and character?

YES NO If YES, please attach a written statement disclosing the matters.

5.2 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 *Income Tax Assessment Act 1936*?

YES NO If YES, please attach a written statement disclosing the matters.

PART 6

PROVISION AND USE OF PROFESSIONAL DETAILS FOR PUBLICATION

Information about you is collected, stored, used and disclosed by the Australian Capital Territory Bar Association in accordance with the *Privacy Act 1988* (Cth).

Information provided by you to the Association will be used by the Association in carrying out its functions under the *Legal Profession Act 2006*.

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

I, _____ of _____

do solemnly and sincerely declare that, the information and particulars set forth in the above application for a Practising Certificate are true in substance and in fact and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths and Affirmations Act 1984*.

Declared this _____ day of _____ in the year

at _____ in the State of _____

before me

WITNESS (delete as appropriate)
Justice of the Peace/Barrister/Solicitor*

APPLICANT

IF PAYING THE PRACTISING CERTIFICATE FEE BY CREDIT CARD, PLEASE COMPLETE THIS SECTION

A schedule of fees is attached to this form

Name: _____ (please print full name).
I attach my cheque / Please charge \$ _____ to my [] MasterCard [] Bankcard [] Visa Card
Card Number: _____
Expiry Date: ____ / ____ Cardholder's Name: _____
Signature: _____

IMPORTANT INFORMATION

LODGING YOUR APPLICATION FOR AN AUSTRALIAN CAPITAL TERRITORY BARRISTER'S PRACTISING CERTIFICATE

Please note that the following **must** be received by the Bar Association **in addition** to this completed form before your Practising Certificate can be issued:

- Copy of the Certificate of Currency for your Professional Indemnity Insurance for the current practising year. **Please note that only those professional indemnity insurance policies approved by the Bar Council of the Australian Capital Territory Bar Association pursuant to s 298 (1)(b)(i) are acceptable. This will be posted on the Association's website as soon as possible.** For details as to which policies have been approved, please refer to the Association's website www.actbar.com.au. Your policy must be valid from the date you wish to commence practice until 30 June next, or;

- Certificate of Admission as a Barrister or Legal Practitioner of the Supreme Court of the Australian Capital Territory (**NOTE:** Not required if the applicant is an existing Member of the ACT Bar Association).

- The appropriate fee for your Practising Certificate (see attached tax invoice).

Applications for a Practising Certificate *cannot be processed* until ALL of the above have been received and payment of the appropriate fee has cleared.

For Office Use Only:

Date checked:

Professional Indemnity verified:

Date processed: