

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

**APPLICATION FOR APPROVAL OF A SINGLE CPD
ACTIVITY BY A PARTICIPANT**

(As per Rule 15 (2) Part 2, Division 2 of the *Legal Profession Rules 2009*)

APPLICANT DETAILS

TITLE _____ SURNAME _____

FIRST _____

ADDRESS (WORK)

Postal
Address _____

TELEPHONE _____ FAX _____

EMAIL _____

MOBILE _____

ACTIVITY DETAILS

TITLE OF ACTIVITY _____

ACTIVITY PROVIDER _____

TYPE OF ACTIVITY _____

. Please attach brochure or program or evidence of attendance and indicate the sessions attended.

DATE OF ACTIVITY _____

DURATION OF ACTIVITY _____

LOCATION OF ACTIVITY _____

PROPOSED COMPETENCY AREAS AND POINTS ALLOCATION

Please allocate activity and points to one or more of the competency areas. If the activity is relevant to more than one area then distribute points proportionally to each area. (Please refer to Rules 13D of the *Legal Profession Rules 2009* available on the Board's web site at www.lpbwa.org.au which detail point allocation.)

- **Competency Area 1:** Practice Management

Points _____

- **Competency Area 2:** Professional skills

Points _____

- **Competency Area 3:** Ethics or Professional Responsibility

Points _____

- **Competency Area 4:** Substantive Law

Points _____

(A practitioner may claim a maximum of 6 CPD points for a single activity)

Declaration

I declare that the information provided in this application is a true and accurate record of my attendance at this event.

Signed _____

Date _____

LEGAL PRACTICE BOARD

5th Floor, Kings Building, 533 Hay Street, PERTH WA 6000
Phone: (08) 6211 3600 Fax: (08) 9325 2743
A.B.N. 23 127 312 585

PAYMENT OPTIONS

This account may be paid by one of the following methods:

- **Cash**
- **Cheque**
 - Payable to "Legal Practice Board"
- **Electronic Funds Transfer**
 - Please quote the firm name or the practitioner's name in your bank's lodgement reference
- **Credit Card**
 - Please note the Legal Practice Board (the Board) does not accept payment by Diners Club
- **Payment from overseas**
 - The Board requires payment in **AUSTRALIAN CURRENCY ONLY**.
 - Bank cheque drawn on an Australian bank payable to "Legal Practice Board"
 - Please note if paying by Telegraphic Transfer the Australian Banking System may deduct fees from your payment. The Board has no control over this and requires payment in full.

If paying by Electronic Funds Transfer, Telegraphic Transfer or Credit Card would you please complete and return this form.

1. FIRM NAME/PRACTITIONER'S NAME: _____

2. ELECTRONIC FUNDS TRANSFER/TELEGRAPHIC TRANSFER

National Australia Bank	Account Name:	Legal Practice Board WA
50 St. Georges Terrace	BSB Number:	086-006
PERTH WA 6000	Account Number:	50-818-2001

Amount Transferred: \$ _____ Date of Transfer: _____

OR

3. CREDIT CARD

(please tick) MasterCard: Visa: AMEX:
Cardholder Name: _____

Credit Card No: _____ / _____ / _____ / _____ Expiry: ____ / ____

Amount: \$ _____ Signature: _____