

LEGAL PRACTICE BOARD OF WESTERN AUSTRALIA
CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

**APPLICATION FOR APPROVAL OF A
DISCUSSION GROUP**

(as per Rule 14 (2) of the Legal Profession Rules 2009)

APPLICATION DETAILS

NAME OF DISCUSSION GROUP

CONTACT _____

ADDRESS _____

TELEPHONE _____

EMAIL

Contact for Administrative purposes if different.

NAME _____

ADDRESS _____

EMAIL _____

TELEPHONE _____

Documentation Required

Brief outline of how the discussion group will operate, including information on:

- Format of discussion group
- Members of discussion group
- Method of record of attendance and point allocation as per Competency Areas for each activity
- Storage of Records
- Method of advising participants of privacy requirements and the agreement to making CPD records available to the Board for auditing purposes.

Please forward application to:

Legal Education Coordinator
Legal Practice Board
5th Floor. Kings Building
533 Hay Street
Perth WA 6000

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: _____