

WESTERN AUSTRALIA

Legal Profession Rules 2009
Rule 17

Application for Variation of CPD condition

Completed applications can be forwarded by email to: general@lpbwa.com marked "Attention: CPD Variation".

Notes:

1. CPD points requested

Pursuant to rule 13B of the *Legal Profession Rules 2009* a practitioner must obtain 10 CPD points in the CPD period between 1 April and 31 March each year (or pro-rata), by completing approved CPD activities (**CPD Condition**).

This application is to seek a variation of the required CPD points to a number less than 10.

In this application a reference to "CPD points requested" means the number of points down to which a practitioner is seeking to vary the practitioner's CPD Condition.

If the CPD points requested by the practitioner are less than 4, and more than 0, each point should be earned in a separate competency area.

2. Circumstances

The circumstances in which the Board will consider a practitioner's application for a variation to the CPD Condition include:

- Parenting Leave;
- Completing equivalent CPD activities while practising in another jurisdiction;
- Absence from legal practice due to illness or other circumstances;
- A Practitioner engaged in legal practice for a period exceeding 40 years; and
- Other circumstances.

The above circumstances have been set out in Section B below for your assistance in completing this application. Please choose the most applicable circumstance.

Section A – Applicant Details

Practitioner: Surname:

Given name(s):

Title:

Phone number:

Email address:

Section B – Details for Variation of CPD condition

Applicable CPD year: Period ending 31 March 20.....

Circumstances:

 Parenting Leave

For further information, refer to [CPD Guidelines for Parenting Leave](#)

Relevant Dates

Left practice:

Returned to practice:

CPD points requested:

 Completion of equivalent CPD activities while practising in another jurisdiction

Please provide supporting documentation of activities completed in the applicable CPD year

Jurisdiction:

Hours of CPD completed:

CPD points requested:

 Absence from legal practice due to illness or other circumstances

Please provide written explanation and attach relevant documents

Relevant Dates:

Left practice:

Returned to practice:

CPD points requested:

 Practitioner engaged in legal practice for a period exceeding 40 years

Please provide written explanation and attach relevant documents. Please note any variation under these circumstances is likely to require that the practitioner only engage in legal practice as an employed solicitor.

CPD points requested:

 Other circumstances

Please provide written explanation and attach relevant documents.

CPD points requested:

Section C – Payment

The application fee is \$60.

A payment options form is **attached**.

Payment is required before the application can be considered.

Section D – Certification

I certify that the information set out in this form is true and correct. I have not omitted any relevant information. Appropriate payment accompanies this application.

Signature: _____

Full Name: _____

Date: _____

Level 6, 111 St Georges Terrace, PERTH WA 6000
Phone: (08) 6211 3600 Fax: (08) 6211 3650
A.B.N. 23 127 312 585

PAYMENT OPTIONS FORM

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

- Cash (*exact amount only*)
- Cheque
 - Payable to "Legal Practice Board"
- Credit Card
 - Please note the Legal Practice Board does not accept payment by Diners Club
- Electronic Funds Transfer
 - Please quote the firm name or practitioner's name in your bank's lodgement reference
- Overseas payments
 - 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.

Submit this form with your application or email to general@lpbwa.com when paying by Electronic Funds/Telegraphic Transfer or Credit Card.

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:

Cardholder Name: _____

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

Amount: \$ _____ Signature: _____

4. OFFICE USE ONLY

iMIS ID		Batch Number		Transaction No.	
Authorisation		Date Processed		Processed By	