

Version 11

LPB FORM 1

Application for a Local Practising Certificate

Applications for practising certificates in Western Australia are made to the Legal Practice Board (**Board**) under:
the *Legal Profession Act 2008* (**Act**);
the *Legal Profession Regulations 2009* (**Regulations**); and
the *Legal Profession Rules 2009* (**Rules**).

A reference to previous Acts means the Legal Practice Act 2003 and the Legal Practitioners Act 1893.

A reference to a practising certificate includes where appropriate a practice certificate issued under previous Acts

A reference to the Complaints Committee means the Legal Profession Complaints Committee and includes where appropriate the Legal Practitioners Complaints Committee established under “previous Acts”.

The Board expects that an Australian lawyer will answer the following questions with honesty and candour.

I, _____
(First names in BLOCK LETTERS)

_____ (Surname in BLOCK LETTERS)

apply for a local practising certificate to take effect from ___/___/___ (dd/mm/yyyy) for the year ending 30 June 20__

NOTE: A practising certificate:

- (a) is in force from the date specified in it until the end of the financial year in which it is granted;
- (b) cannot commence prior to the date that the application is lodged; and
- (c) cannot commence prior to the date of admission to practice.

Section A – Eligibility to Apply for a Practising Certificate

1 Where is your place of residence?
 Western Australia Other State or Territory Outside Australia

(Please specify)

(Please specify)

2 Where do you expect your principal place of practice to be?
 Western Australia Other State or Territory Outside Australia

(Please specify)

(Please specify)

3 Are you eligible to apply for a practising certificate under s 42 of the Act?
 Yes
 No Please contact the Board to discuss your eligibility for a practising certificate.

NOTE:

Section 42 of the Act provides that an Australian lawyer or an Australian legal practitioner may apply to the Board for the grant or renewal of a local practising certificate if:

- (a) the Australian lawyer or Australian legal practitioner reasonably expects to be engaged in legal practice solely or principally in Western Australia during the currency of the certificate; or
- (b) if (a) does not apply or is not reasonably practicable to determine, the Australian lawyer’s or Australian legal practitioner’s place of residence in Australia is Western Australia; or
- (c) the Australian lawyer or Australian legal practitioner does not have a place of residence in Australia.

Section B – Personal Details

4	Title: _____	Date of birth: (dd/mm/yyyy) _____/_____/_____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
5	Residential address: _____ _____ _____ Post code: _____		
6	Phone number: _____ (Home) _____ (Mobile)		
7	Personal email address: _____		
8	Are you a member of the Law Society of Western Australia? <i>(You are not obliged to answer this question)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
9	Are you of Aboriginal or Torres Strait Islander origin? <i>(You are not obliged to answer this question)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section C – Practising Certificate Renewal

10 Are you applying for the renewal of a local practising certificate issued in Western Australia
(Please note: you can only apply for renewal, if you hold a current practising certificate or you held a practising certificate which expired within the last six months.)

Yes

a Have you complied with your continuing professional development requirements.

Yes

No – Please provide explanation: _____

b If the application for renewal of your practising certificate is submitted after 30 June, please provide a written explanation of any reasons beyond your control or other special circumstances warranting the acceptance of your application by the Legal Practice Board under s 44(4) of the Act.

Please now go to Section E – Practising Details

No

Section D – Admission and Practising Details

11 Have you ever held a practising certificate issued in Western Australia?

- Yes
- No (go to Q13)

12 Was the most recent practising certificate held by you issued in Western Australia?

- Yes (please go to Section E – Practising Details)
- No

13 Have you been admitted or have you practised in an Australian jurisdiction other than Western Australia or a foreign country (as defined in s 3 of the Act)?

- Yes

Please provide details of all other Australian and foreign jurisdictions in which you have been admitted or practised.

Jurisdiction	Date of Admission (dd/mm/yyyy)	Period practising certificate(s) held if applicable (dd/mm/yyyy – dd/mm/yyyy)

I undertake to provide to the Board within 14 days of lodging this application

- a certificate of fitness or good standing (no more than one calendar month old) from the appropriate regulatory authority responsible for the issuing of practising certificates in each jurisdiction listed above, including the Australian jurisdiction in which I was first admitted.
- a Statutory Declaration stating my previous legal practice history.
- a certified copy of my certificate of admission from one of the Australian jurisdictions referred to above

Please now go to Section E – Practising Details

- No

14 Have you applied to be admitted in Western Australia?

- Yes
- No

Section E – Practising Details

15	Primary Law Practice Name/Employer:	_____	
16	Street Address:	_____ _____ _____ Post Code	
17	Postal Address: <i>(If different from street address)</i>	_____ _____ _____ Post Code	
18	Telephone Number: <i>(Include area code)</i>	()	
19	Facsimile Number: <i>(Include area code)</i>	()	
20	Business email:		
21	Are you an officer or an employee of an incorporated legal practice?	<input type="checkbox"/> Yes ACN: _____ <input type="checkbox"/> No	
22	Employment Status:	<u>Law Practice</u> <input type="checkbox"/> Barrister <input type="checkbox"/> Sole Practitioner <input type="checkbox"/> Equity Partner <input type="checkbox"/> Fixed Profit Share Partner <input type="checkbox"/> Salaried Partner <input type="checkbox"/> Employee <input type="checkbox"/> Consultant	<u>Incorporated Legal Practice</u> <input type="checkbox"/> Legal Practitioner Director <input type="checkbox"/> Employee <u>Government</u> <input type="checkbox"/> Commonwealth Government Employee <input type="checkbox"/> State Government Employee
		<u>Multidisciplinary Partnership</u> <input type="checkbox"/> Legal Practitioner Partner <input type="checkbox"/> Employee <u>Other</u> <input type="checkbox"/> Employee <input type="checkbox"/> In House Lawyer <input type="checkbox"/> Not Practising <input type="checkbox"/> Volunteer or Pro Bono only	
23	Date of commencement in above status	(dd/mm/yyyy)	_____/_____/_____
24	Are you, or will you be, engaged in legal practice with more than one law practice?	<input type="checkbox"/> No (go to Section F – Trust Account Details) <input type="checkbox"/> Yes Please enter details of your other place of practice below.	

Section E – Practising Details (continued)

25	Secondary Law Practice Name/Employer:	_____				
26	Street Address:	_____ _____ _____ Post Code				
27	Postal Address: <i>(If different from street address)</i>	_____ _____ _____ Post Code				
28	Telephone Number: <i>(Include area code)</i>	()				
29	Facsimile Number: <i>(Include area code)</i>	()				
30	Business email:	<input type="checkbox"/> Yes ACN: _____				
31	Are you an officer or an employee of an incorporated legal practice?	<input type="checkbox"/> No				
32	Employment Status:	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <u>Law Practice</u> <input type="checkbox"/> Barrister <input type="checkbox"/> Sole Practitioner <input type="checkbox"/> Equity Partner <input type="checkbox"/> Fixed Profit Share Partner <input type="checkbox"/> Salaried Partner <input type="checkbox"/> Employee <input type="checkbox"/> Consultant </td> <td style="width: 33%; vertical-align: top;"> <u>Incorporated Legal Practice</u> <input type="checkbox"/> Legal Practitioner Director <input type="checkbox"/> Employee <u>Government</u> <input type="checkbox"/> Commonwealth Government Employee <input type="checkbox"/> State Government Employee <input type="checkbox"/> Volunteer or Pro Bono only </td> <td style="width: 33%; vertical-align: top;"> <u>Multidisciplinary Partnership</u> <input type="checkbox"/> Legal Practitioner Partner <input type="checkbox"/> Employee <u>Other</u> <input type="checkbox"/> Employee <input type="checkbox"/> In House Lawyer <input type="checkbox"/> Not Practising <input type="checkbox"/> Volunteer or Pro Bono only </td> </tr> </table>		<u>Law Practice</u> <input type="checkbox"/> Barrister <input type="checkbox"/> Sole Practitioner <input type="checkbox"/> Equity Partner <input type="checkbox"/> Fixed Profit Share Partner <input type="checkbox"/> Salaried Partner <input type="checkbox"/> Employee <input type="checkbox"/> Consultant	<u>Incorporated Legal Practice</u> <input type="checkbox"/> Legal Practitioner Director <input type="checkbox"/> Employee <u>Government</u> <input type="checkbox"/> Commonwealth Government Employee <input type="checkbox"/> State Government Employee <input type="checkbox"/> Volunteer or Pro Bono only	<u>Multidisciplinary Partnership</u> <input type="checkbox"/> Legal Practitioner Partner <input type="checkbox"/> Employee <u>Other</u> <input type="checkbox"/> Employee <input type="checkbox"/> In House Lawyer <input type="checkbox"/> Not Practising <input type="checkbox"/> Volunteer or Pro Bono only
<u>Law Practice</u> <input type="checkbox"/> Barrister <input type="checkbox"/> Sole Practitioner <input type="checkbox"/> Equity Partner <input type="checkbox"/> Fixed Profit Share Partner <input type="checkbox"/> Salaried Partner <input type="checkbox"/> Employee <input type="checkbox"/> Consultant	<u>Incorporated Legal Practice</u> <input type="checkbox"/> Legal Practitioner Director <input type="checkbox"/> Employee <u>Government</u> <input type="checkbox"/> Commonwealth Government Employee <input type="checkbox"/> State Government Employee <input type="checkbox"/> Volunteer or Pro Bono only	<u>Multidisciplinary Partnership</u> <input type="checkbox"/> Legal Practitioner Partner <input type="checkbox"/> Employee <u>Other</u> <input type="checkbox"/> Employee <input type="checkbox"/> In House Lawyer <input type="checkbox"/> Not Practising <input type="checkbox"/> Volunteer or Pro Bono only				
33	Date of commencement in above status	(dd/mm/yyyy) _____/_____/_____				
<p>NOTE:</p> <p>All correspondence from the Board will be directed to your primary place of practice as given at the beginning of Section E.</p> <p>All local legal practitioners engaging in legal practice with more than one law practice or employer are required to provide the required information for each law practice. Please attach a separate sheet if you have more than one additional law practice.</p> <p>Section 76 of the Act and r 8(2) of the Regulations require the information provided in Section E to be kept on the Board’s public register of local practising certificates. However, r 8(4) of the Regulations provides:</p> <p style="padding-left: 40px;"><i>A local legal practitioner may, by notice in writing to the Board, request the Board not to include any or any specified particulars about the practitioner, law practice or other entity in the register, on the ground that special circumstances warrant the particulars not being publicly available (for example, if the safety or well-being of a person would be substantially affected by making the particulars publicly available).</i></p>						

Section F – Trust Account Details

- 34 Do you or will you receive trust money?
- No (go to Section G – Show Cause Events)
 - Yes Please fill in your trust account details below.

Name of Account:	
Name of Bank:	
BSB Number:	
Account Number:	
Date Account Opened:	
External Examiner's Name:	
External Examiner's Firm:	
External Examiner's Address	_____

	_____ Post Code

NOTE:

A law practice that receives trust money must, at least once in each financial year, have its trust records externally examined by an external examiner appointed in accordance with the Regulations

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GO TO SECTION G**

Section G – Show Cause Events

If a show cause event has occurred in relation to you, then pursuant to ss 61 and 62 of the Act you must provide to the Board a notice in the approved form (**LPB FORM 4**) and a written statement explaining why, despite the show cause event, you still consider yourself to be a fit and proper person to hold a local practising certificate.

Please note that amendments to the *Spent Convictions Act 1988* effective 6 March 2015 mean that applicants for the grant or renewal of a local practising certificate are required to disclose a spent conviction to the Legal Practice Board and that the conviction may be taken into account in considering whether the applicant is a fit and proper person.

35 Apart from matters **previously disclosed** by you in writing to the Board under s 61 or s 62 of the Act, have any of the following show cause events occurred?

Have you become bankrupt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been served with notice of a creditor's petition presented to the Court under s 43 of the <i>Bankruptcy Act 1966</i> (Cth)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you presented (as a debtor) to the Official Receiver: (i) under s 54A of the <i>Bankruptcy Act 1966</i> (Cth), a declaration of your intention to present a debtor's petition; or (ii) under s 55 of that Act, a debtor's petition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you applied to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounded with your creditors or made an assignment of your remuneration for the benefit of your creditor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a serious offence or a tax offence, whether or not: i. the offence was committed in or outside this jurisdiction; or ii. the offence was committed while you were engaging in legal practice as an Australian legal practitioner or were practising foreign law as an Australian-registered foreign lawyer, as the case requires; or iii. other persons are prohibited from disclosing your identity? Note: 'serious offence' and 'tax offence' are defined in s 3 of the Act.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of the above questions, please provide a brief description of the show cause event(s) in the box below, and forward to the Board a notice(s) and statement(s) as required by ss 61(3) or 62(2) of the Act.

Section H – Fitness to Practise

36

Are you currently subject to an unresolved complaint, investigation, charge or order under any of the following: <ul style="list-style-type: none"> i. this Act or a previous Act; or ii. a corresponding law of another jurisdiction or corresponding foreign law? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you answered yes to the above question, please provide a brief description of the suitability matter(s) in the box below, and forward further details, as indicated above or otherwise, separately to the Board.

37 Apart from matters **previously disclosed** by you in writing to the Board, have any of the following suitability matters occurred?

Please note that amendments to the *Spent Convictions Act 1988* effective 6 March 2015 mean that applicants for the grant or renewal of a local practising certificate are required to disclose a spent conviction to the Legal Practice Board and that the conviction may be taken into account in considering whether the applicant is a fit and proper person.

Please refer to the Board’s disclosure guidelines, if necessary, found at, <https://www.lpbwa.org.au/Documents/Legal-Profession/Practising-in-Western-Australia/Disclosure-Guidelines>

Have you been or are you currently an insolvent under administration? Note: ‘insolvent under administration’ is defined in s 3 of the Act.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been found guilty of an offence in Australia or a foreign country? If yes please provide the details referred to in s 8(1)(c) of the Act.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you engaged in legal practice in Australia <ul style="list-style-type: none"> (i) unlawfully; or (ii) when not admitted, or not holding a practising certificate, as required under the Act or a previous Act or an equivalent certificate issued under a corresponding law; or (iii) if holding an Australian practising certificate, in contravention of a condition of the certificate or while the certificate was suspended; 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section H – Fitness to Practise (continued)

<p>Have you practised law in a foreign country —</p> <p>(i) when not permitted under a law of that country to do so; or</p> <p>(ii) if permitted to do so, in contravention of a condition applicable to the permission;</p> <p>If yes, please provide details referred to in ss 8(1)(d) and (e) of the Act.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Are you currently:</p> <p>i. the subject of disciplinary action, however expressed, in another profession or occupation in Australia or a foreign country; or</p> <p>ii. the subject of disciplinary action, however expressed, relating to another profession or occupation that involved a finding of guilt?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Have you been:</p> <p>i. the subject of disciplinary action, however expressed, in another profession or occupation in Australia or a foreign country; or</p> <p>ii. the subject of disciplinary action, however expressed, relating to another profession or occupation that involved a finding of guilt?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Has your name been removed from:</p> <p>i. a local roll, and has not since been restored to or entered on a local roll; or</p> <p>ii. an interstate roll, and has not since been restored to or entered on an interstate roll; or</p> <p>iii. a foreign roll?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Has your right to engage in legal practice been suspended or cancelled in Australia or a foreign country?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Have you contravened, in Australia or a foreign country, a law about trust money or trust accounts?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Has a supervisor, manager or receiver, however described, whether under the Act, a previous Act, a law of the Commonwealth or a corresponding law of another jurisdiction, ever been appointed in relation to any legal practice engaged in by you?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Have you been or are you subject to an order under the Act, a previous Act, a law of the Commonwealth or a corresponding law of another jurisdiction, disqualifying you from being employed by, or a partner of, an Australian legal practitioner or from managing a corporation that is an incorporated legal practice?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Have you obtained an Australian practising certificate because of incorrect or misleading information?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Have you contravened a condition of an Australian practising certificate held by you?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Have you contravened the Act, a previous Act or a corresponding law of another jurisdiction (including regulations or rules made thereunder)?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section H – Fitness to Practise (continued)

<p>Have you:</p> <ul style="list-style-type: none"> i. failed to pay a required contribution or levy to the Solicitors' Guarantee Fund; or ii. contravened a requirement imposed under this Act about professional indemnity insurance; or iii. failed to pay other costs, expenses or fines for which you are liable under the Act or a previous Act? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Have there been or are there any other matters the Board should consider in deciding whether you are a fit and proper person to hold a local practising certificate?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of the above questions , please provide a brief description of the suitability matter(s) in the box below, and forward further details, as indicated above or otherwise, separately to the Board.

NOTE:

A person may be considered a fit and proper person to hold a practising certificate by the Board notwithstanding the existence of any of the matters in ss 8 and 38(2)(a)-(f) of the Act.

If you are unsure whether a particular matter is a suitability matter, it is recommended that you declare the matter in your application. The matter will then be assessed when your application is determined.

If a suitability matter has occurred in relation to you and you are unsure whether you have previously disclosed it in writing to the Board, you should disclose it in this application.

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GO TO SECTION I**

Section I – Professional Indemnity Insurance

NOTE:

Pursuant to s 40(1) of the Act, the Board must not grant or renew a practising certificate unless the applicant produces evidence to the satisfaction of the Board that the applicant is, or will be, covered by professional indemnity insurance. Accordingly, the Board will not issue a practising certificate until satisfied it has received confirmation of the applicant's compliance with professional indemnity insurance obligations.

Part 9 of the Regulations deals with professional indemnity insurance.

Applicants who practise other than solely as a barrister should contact Law Mutual (WA) at the Law Society of Western Australia on (08) 9481 3111 to discuss individual insurance arrangements.

Applicants who practise solely as a barrister should obtain professional indemnity insurance via a WA Bar Association approved insurer. Law Mutual (WA) and the WA Bar Association approved insurance providers will notify the Board directly once professional indemnity insurance, or an exemption, is in place.

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GO TO SECTION J**

Section J – Payment Details

This application is accompanied by the following payment:
(Please refer to the Fee Schedule attached to this application)

Practising certificate fee	\$	_____
Late fee payable	\$	_____
Solicitors' Guarantee Fund contribution	\$	_____
Total payable	\$	_____

NOTE:
Your application for a practising certificate will not be considered before the prescribed fee is paid to the Board.

Section K – Declaration

38 I declare that:

- The information given in or with this application is true and correct and that I have not omitted any relevant information;
- I am not aware of any finding, conduct or event (other than disclosed herein or previously disclosed in writing to the Board) which would affect my fitness to hold a practising certificate;
- I will provide the Board with the supporting documents and information I have undertaken herein to provide; and
- I will ensure the Board is provided with payment of the prescribed fee and Solicitors' Guarantee Fund contribution if applicable.

Signature: _____

Date: (dd/mm/yyyy) _____/_____/_____

Please submit this form via email to general@lpbwa.com. All supporting documents are to be submitted to the Board.

**Fee Schedule:
Application for practising certificate and the Solicitor's Guarantee Fund contribution**

GST

Please note all fees are GST exempt

Standard Fee

The standard fee for the grant of a local practising certificate is \$1,250.

An applicant for the grant of a local practising certificate is entitled to a discount if:

- (a) the application is made on or after 01 January but before the 30 June; and
- (b) the applicant either –
 - (i) was not an Australian legal practitioner on the previous 30 June; or
 - (ii) was a local legal practitioner on the previous 30 June but was not required by s 42(6) of the Act to renew his or her local practising certificate.

The discount is 50% of the Standard Fee.

The following table applies to the renewal of your current Western Australian practising certificate.

01 May to 31 May Complete application submitted during the standard renewal period	\$1,250.00
01 June to 30 June Complete application submitted during the late fee period is subject to a fee of 25 % of the standard fee in addition to the standard fee.	\$1,562.50
01 July to 31 July Complete application submitted during the overdue period is subject to a fee of 50 % of the standard fee in addition to the standard application fee.	\$1,875.00
After 31 July Complete application submitted after the overdue period is subject to a fee of 100 % of the standard fee in addition to the standard fee.	\$2,500.00

Solicitors' Guarantee Fund

Practitioners who have been practising in Western Australia for more than 2 years but less than 7 years are required by legislation to pay a yearly fee of \$20 in addition to the application for a practising certificate fee. This is the Solicitors' Guarantee Fund contribution.

LEGAL PRACTICE BOARD
Level 6 111 St Georges Terrace 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 50 St. Georges Terrace PERTH WA 6000	Account Name: BSB Number: Account Number:	Legal Practice Board WA 086-006 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: _____

4. OFFICE USE ONLY

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