

Version 1
CPD

WESTERN AUSTRALIA

*Legal Profession Uniform Continuing Professional Development (Solicitors) Rules 2015
(Uniform Solicitors CPD Rules)
Rule 15*

*Legal Profession Uniform Continuing Professional Development (Barristers) Rules 2015
(Uniform Barristers CPD Rules)
Rule 16*

To: Legal Practice Board
PO Box 5720
St Georges Terrace
Perth WA 6831

Non-Compliance with Continuing Professional Development Requirements Rectification Plan

Completed rectification plans for continuing professional development (CPD) can be forwarded by email to enquiries@lpbwa.com marked "Attention: CPD Rectification Plan".

Reference to "CPD units" in this form also means "CPD points" as referred to in the Uniform Barristers CPD Rules.

**reference to "field" in this form also means "category" as referred to in the Uniform Barristers CPD Rules.*

Section A – Practitioner's details

Practitioner ID:

Title:

Full name:

Telephone no:

Email address:

Section B – Details for Rectification

I declare that I have not complied with my CPD requirements. I undertake to rectify the non-compliance in the manner indicated below within 90 days of the date of submitting this rectification plan.

To complete accredited CPD activities in the following manner:

Field	Number of Units – Interactive/Non-Interactive
Practice Management & Business Skills	
Professional/Barristers' Skills	
Ethics & Professional Responsibility	
Substantive Law	

Please submit this form via email to enquiries@lpbwa.com. All supporting documents are to be submitted to the Board (Please refer to the Legal Practice Board's website, www.lpbwa.org.au for a copy of its privacy policy)

I acknowledge that completion of the above accredited CPD activities:

1. Is in addition to my CPD requirements under s 52 of the *Legal Profession Uniform Law (WA)*
2. Will include any restrictions on CPD requirements for the current CPD year.

Note: CPD activities undertaken as part of a CPD rectification plan will count towards any relevant cap (e.g. no more than 5 units can be earned for publications in any CPD year)

Section C – Signature

Signed: _____

Full name: _____

(printed)

Date: _____

Section D for use by Board staff only

Section D – Board Approval

The above Rectification Plan has been approved

Signed: _____

Full name: _____

(printed)

Role: _____

(printed)

Date: _____

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