

**TRAINEESHIP DETAILS**  
**(and Register (Rule 9H(2)))**

**Trainee:**

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**Law  
Practice/Office:**

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**Office  
Address:**

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**Phone:**

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**Email:**

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Date	Current supervisor

# TRAINEESHIP PLAN

## TABLE OF CONTENTS

### **1 SKILLS**

Lawyer's Skills  
Problem Solving  
Work Management and Business Skills  
Trust and Office Accounting

### **2 PRACTICE AREAS**

#### **2.1 COMPULSORY PRACTICE AREAS**

Civil Litigation Practice  
Commercial and Corporate Practice  
Property Law Practice

#### **2.2 ELECTIVES PRACTICE AREAS**

##### **Elective No 1**

Administrative Law Practice  
or  
Criminal Law Practice  
or  
Family Law Practice

##### **Elective No 2**

Consumer Law Practice  
Employment and Industrial Relations Practice  
Planning & Environmental Law Practice  
Wills and Estates Practice

### **3 VALUES**

Ethics and Professional Responsibility

### **4 PROPOSED SUPPLEMENTARY TRAINING**

### **5 COMPULSORY PROGRAMMED TRAINING**

**1 SKILLS**

<b>LAWYER'S SKILLS</b>																											
<b>Elements</b>	<b>Proposed supervised training:</b>	<b>Supplementary Training</b>	<b>Completion Checklist</b>																								
1. Communicating effectively 2. Interviewing clients 3. Writing letters 4. Drafting other documents 5. Negotiating settlements and agreements 6. Facilitating early resolution of disputes 7. 7. Representing a client in court	Will this skills area (or part of it) be completed through supervised training? <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes, elements to be completed at this law office:  <i>(If applicable)</i> Elements to be completed at another law office:  Name and address of other law office:	Will this skills area (or part of it) be completed through supplementary training? <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes: Name of subject/unit:  Educational body:  Estimated commencement and completion dates:	Skills area satisfied through:  <table border="0"> <tr> <td></td> <td style="text-align: center;">Supervised training</td> <td style="text-align: center;">Supplementary training</td> </tr> <tr> <td>Element 1:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 2:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 3:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 4:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 5:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 6:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 7:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Supervised training	Supplementary training	Element 1:	<input type="checkbox"/>	<input type="checkbox"/>	Element 2:	<input type="checkbox"/>	<input type="checkbox"/>	Element 3:	<input type="checkbox"/>	<input type="checkbox"/>	Element 4:	<input type="checkbox"/>	<input type="checkbox"/>	Element 5:	<input type="checkbox"/>	<input type="checkbox"/>	Element 6:	<input type="checkbox"/>	<input type="checkbox"/>	Element 7:	<input type="checkbox"/>	<input type="checkbox"/>
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<b>PROBLEM SOLVING</b>																											
<b>Elements</b>	<b>Proposed supervised training:</b>	<b>Supplementary Training</b>	<b>Completion Checklist</b>																								
1. Analysing facts and identifying issues. 2. Analysing law. 3. Providing legal advice 4. Generating solutions and strategies	Will this skills area (or part of it) be completed through supervised training? <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes, elements to be completed at this law office:  <i>(If applicable)</i> Elements to be completed at another law office:  Name and address of other law office:	Will this skills area (or part of it) be completed through supplementary training? <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes: Name of subject/unit:  Educational body:  Estimated commencement and completion dates:	Skills area satisfied through:  <table border="0"> <tr> <td></td> <td style="text-align: center;">Supervised training</td> <td style="text-align: center;">Supplementary training</td> </tr> <tr> <td>Element 1:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 2:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 3:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 4:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Supervised training	Supplementary training	Element 1:	<input type="checkbox"/>	<input type="checkbox"/>	Element 2:	<input type="checkbox"/>	<input type="checkbox"/>	Element 3:	<input type="checkbox"/>	<input type="checkbox"/>	Element 4:	<input type="checkbox"/>	<input type="checkbox"/>									
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**WORK MANAGEMENT & BUSINESS SKILLS**

Elements	Proposed supervised training:	Supplementary Training	Completion Checklist																		
1. Managing personal time 2. Managing risk 3. Managing files 4. Keeping client informed 5. Working cooperatively	Will this skills area (or part of it) be completed through supervised training? <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes, elements to be completed at this law office:  <i>(If applicable)</i> Elements to be completed at another law office:  Name and address of other law office:	Will this skills area (or part of it) be completed through supplementary training? <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes: Name of subject/unit:  Educational body:  Estimated commencement and completion dates:	Skills area satisfied through:  <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Supervised training</td> <td style="text-align: center;">Supplementary training</td> </tr> <tr> <td>Element 1:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 2:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 3:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 4:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 5:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Supervised training	Supplementary training	Element 1:	<input type="checkbox"/>	<input type="checkbox"/>	Element 2:	<input type="checkbox"/>	<input type="checkbox"/>	Element 3:	<input type="checkbox"/>	<input type="checkbox"/>	Element 4:	<input type="checkbox"/>	<input type="checkbox"/>	Element 5:	<input type="checkbox"/>	<input type="checkbox"/>
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**TRUST & OFFICE ACCOUNTING**

Elements	Proposed supervised training:	Supplementary Training	Completion Checklist															
1. Receiving money 2. Making outlays 3. Rendering costs 4. Maintaining trust account	Will this skills area (or part of it) be completed through supervised training? <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes, elements to be completed at this law office:  <i>(If applicable)</i> Elements to be completed at another law office:  Name and address of other law office:	Will this skills area (or part of it) be completed through supplementary training? <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes: Name of subject/unit:  Educational body:  Estimated commencement and completion dates:	Skills area satisfied through:  <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Supervised training</td> <td style="text-align: center;">Supplementary training</td> </tr> <tr> <td>Element 1:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 2:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 3:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 4:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Supervised training	Supplementary training	Element 1:	<input type="checkbox"/>	<input type="checkbox"/>	Element 2:	<input type="checkbox"/>	<input type="checkbox"/>	Element 3:	<input type="checkbox"/>	<input type="checkbox"/>	Element 4:	<input type="checkbox"/>	<input type="checkbox"/>
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## PRACTICE AREAS

### 2.1 COMPULSORY PRACTICE AREAS

CIVIL LITIGATION PRACTICE																								
Elements	Proposed supervised training:	Supplementary Training	Completion Checklist																					
1. Assessing merits of case and identifying the dispute resolution alternatives. 2. Initiating and responding to claims 3. Taking and responding to interlocutory and default proceedings. 4. Gathering and presenting evidence 5. Negotiating settlements 6. Taking action to enforce orders and settlement agreements	Will this skills area (or part of it) be completed through supervised training? <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes, elements to be completed at this law office:  <i>(If applicable)</i> Elements to be completed at another law office:  Name and address of other law office:	Will this skills area (or part of it) be completed through supplementary training? <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes: Name of subject/unit:  Educational body:  Estimated commencement and completion dates:	Practice area satisfied through:  <table border="0"> <thead> <tr> <th></th> <th>Supervised training</th> <th>Supplementary training</th> </tr> </thead> <tbody> <tr> <td>Element 1:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Element 2:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Element 3:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Element 4:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Element 5:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Element 6:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Supervised training	Supplementary training	Element 1:	<input type="checkbox"/>	<input type="checkbox"/>	Element 2:	<input type="checkbox"/>	<input type="checkbox"/>	Element 3:	<input type="checkbox"/>	<input type="checkbox"/>	Element 4:	<input type="checkbox"/>	<input type="checkbox"/>	Element 5:	<input type="checkbox"/>	<input type="checkbox"/>	Element 6:	<input type="checkbox"/>	<input type="checkbox"/>
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COMMERCIAL & CORPORATE PRACTICE																								
Elements	Proposed supervised training:	Supplementary Training	Completion Checklist																					
1. Conducting commercial transactions 2. Setting up commercial structures 3. Dealing with loans and securities 4. Advising on revenue law and practice	Will this skills area (or part of it) be completed through supervised training? <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes, elements to be completed at this law office:  <i>(If applicable)</i> Elements to be completed at another law office:  Name and address of other law office:	Will this skills area (or part of it) be completed through supplementary training? <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes: Name of subject/unit:  Educational body:  Estimated commencement and completion dates:	Practice area satisfied through:  <table border="0"> <thead> <tr> <th></th> <th>Supervised training</th> <th>Supplementary training</th> </tr> </thead> <tbody> <tr> <td>Element 1:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Element 2:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Element 3:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Element 4:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Supervised training	Supplementary training	Element 1:	<input type="checkbox"/>	<input type="checkbox"/>	Element 2:	<input type="checkbox"/>	<input type="checkbox"/>	Element 3:	<input type="checkbox"/>	<input type="checkbox"/>	Element 4:	<input type="checkbox"/>	<input type="checkbox"/>						
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**PROPERTY LAW PRACTICE**

Elements	Proposed supervised training:	Supplementary Training	Completion Checklist																		
<p>1. Transferring title</p> <p>2. Creating leases</p> <p>3. Creating and releasing securities</p> <p>4. Advising on land use</p> <p>5. Advising on revenue implications</p>	<p>Will this skills area (or part of it) be completed through supervised training?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes :</p> <p>If yes, elements to be completed at this law office:</p> <p><i>(If applicable)</i> Elements to be completed at another law office:</p> <p>Name and address of other law office:</p>	<p>Will this skills area (or part of it) be completed through supplementary training?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes :</p> <p>If yes: Name of subject/unit:</p> <p>Educational body:</p> <p>Estimated commencement and completion dates:</p>	<p>Practice area satisfied through:</p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Supervised training</th> <th style="text-align: center;">Supplementary training</th> </tr> </thead> <tbody> <tr> <td>Element 1:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 2:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 3:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 4:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 5:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Supervised training	Supplementary training	Element 1:	<input type="checkbox"/>	<input type="checkbox"/>	Element 2:	<input type="checkbox"/>	<input type="checkbox"/>	Element 3:	<input type="checkbox"/>	<input type="checkbox"/>	Element 4:	<input type="checkbox"/>	<input type="checkbox"/>	Element 5:	<input type="checkbox"/>	<input type="checkbox"/>
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**2.2 ELECTIVES PRACTICE AREAS**

**Elective No 1** (Only include details for nominated elective in plan)

Administrative Law Practice

or Criminal Law Practice

or Family Law Practice

<b>ADMINISTRATIVE LAW PRACTICE</b>																					
<b>Elements</b>	<b>Proposed supervised training:</b>	<b>Supplementary Training</b>	<b>Completion Checklist</b>																		
1. Obtaining information 2. Obtaining review of administrative decisions 3. Representing a client	Will this skills area (or part of it) be completed through supervised training? <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes, elements to be completed at this law office:  <i>(If applicable)</i> Elements to be completed at another law office:  Name and address of other law office:	Will this skills area (or part of it) be completed through supplementary training? <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes: Name of subject/unit:  Educational body:  Estimated commencement and completion dates:	Practice area satisfied through  <table border="0"> <tr> <td></td> <td style="text-align: center;">Supervised training</td> <td style="text-align: center;">Supplementary training</td> </tr> <tr> <td>Element 1:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 2:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 3:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Supervised training	Supplementary training	Element 1:	<input type="checkbox"/>	<input type="checkbox"/>	Element 2:	<input type="checkbox"/>	<input type="checkbox"/>	Element 3:	<input type="checkbox"/>	<input type="checkbox"/>						
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<b>CRIMINAL LAW PRACTICE</b>																					
<b>Elements</b>	<b>Proposed supervised training:</b>	<b>Supplementary Training</b>	<b>Completion Checklist</b>																		
1. Providing advice 2. Applying for bail 3. Making pleas 4. Representing a client in minor matters 5. Assisting to prepare cases for trial	Will this skills area (or part of it) be completed through supervised training? <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes, elements to be completed at this law office:  <i>(If applicable)</i> Elements to be completed at another law office:  Name and address of other law office:	Will this skills area (or part of it) be completed through supplementary training? <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes: Name of subject/unit:  Educational body:  Estimated commencement and completion dates:	Practice area satisfied through:  <table border="0"> <tr> <td></td> <td style="text-align: center;">Supervised training</td> <td style="text-align: center;">Supplementary training</td> </tr> <tr> <td>Element 1:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 2:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 3:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 4:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 5:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Supervised training	Supplementary training	Element 1:	<input type="checkbox"/>	<input type="checkbox"/>	Element 2:	<input type="checkbox"/>	<input type="checkbox"/>	Element 3:	<input type="checkbox"/>	<input type="checkbox"/>	Element 4:	<input type="checkbox"/>	<input type="checkbox"/>	Element 5:	<input type="checkbox"/>	<input type="checkbox"/>
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**FAMILY LAW PRACTICE**

Elements	Proposed supervised training:	Supplementary Training	Completion Checklist									
<p>1. Applying for dissolution of marriage</p> <p>2. Acting in relation to ancillary matters.</p>	<p>Will this skills area (or part of it) be completed through supervised training?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes :</p> <p>If yes, elements to be completed at this law office:</p> <p><i>(If applicable)</i> Elements to be completed at another law office:</p> <p>Name and address of other law office:</p>	<p>Will this skills area (or part of it) be completed through supplementary training?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes :</p> <p>If yes: Name of subject/unit:</p> <p>Educational body:</p> <p>Estimated commencement and completion dates:</p>	<p>Practice area satisfied through:</p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Supervised training</th> <th style="text-align: center;">Supplementary training</th> </tr> </thead> <tbody> <tr> <td>Element 1:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 2:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Supervised training	Supplementary training	Element 1:	<input type="checkbox"/>	<input type="checkbox"/>	Element 2:	<input type="checkbox"/>	<input type="checkbox"/>
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Element 2:	<input type="checkbox"/>	<input type="checkbox"/>										

**Elective No 2** (Only include details for nominated elective in plan)

Consumer Law Practice  or Employment and Industrial Relations Practice  or Planning & Environmental Law Practice  or Wills and Estates Practice

<b>CONSUMER LAW PRACTICE</b>																					
<b>Elements</b>	<b>Proposed supervised training:</b>	<b>Supplementary Training</b>	<b>Completion Checklist</b>																		
1. Obtaining information 2. Drafting documents 3. Initiating and responding to claims 4. Representing the client 5. Taking action to implement outcomes	Will this skills area (or part of it) be completed through supervised training?  <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes, elements to be completed at this law office:  <i>(If applicable)</i> Elements to be completed at another law office:  Name and address of other law office:	Will this skills area (or part of it) be completed through supplementary training?  <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes: Name of subject/unit:  Educational body:  Estimated commencement and completion dates:	Practice area satisfied through:  <table border="0"> <tr> <td></td> <td style="text-align: center;">Supervised training</td> <td style="text-align: center;">Supplementary training</td> </tr> <tr> <td>Element 1:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 2:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 3:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 4:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 5:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Supervised training	Supplementary training	Element 1:	<input type="checkbox"/>	<input type="checkbox"/>	Element 2:	<input type="checkbox"/>	<input type="checkbox"/>	Element 3:	<input type="checkbox"/>	<input type="checkbox"/>	Element 4:	<input type="checkbox"/>	<input type="checkbox"/>	Element 5:	<input type="checkbox"/>	<input type="checkbox"/>
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Element 5:	<input type="checkbox"/>	<input type="checkbox"/>																			
<b>EMPLOYMENT &amp; INDUSTRIAL RELATIONS PRACTICE</b>																					
<b>Elements</b>	<b>Proposed supervised training:</b>	<b>Supplementary Training</b>	<b>Completion Checklist</b>																		
1. Assessing the merits of the dispute and identifying the dispute resolution alternatives 2. Advising client of procedures 3. Commencing negotiations 4. Initiating and responding to proceedings 5. Representing the client. 6. Taking action to implement outcomes	Will this skills area (or part of it) be completed through supervised training?  <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes, elements to be completed at this law office:  <i>(If applicable)</i> Elements to be completed at another law office:  Name and address of other law office:	Will this skills area (or part of it) be completed through supplementary training?  <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes: Name of subject/unit:  Educational body:  Estimated commencement and completion dates:	Practice area satisfied through:  <table border="0"> <tr> <td></td> <td style="text-align: center;">Supervised training</td> <td style="text-align: center;">Supplementary training</td> </tr> <tr> <td>Element 1:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 2:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 3:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 4:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 5:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Supervised training	Supplementary training	Element 1:	<input type="checkbox"/>	<input type="checkbox"/>	Element 2:	<input type="checkbox"/>	<input type="checkbox"/>	Element 3:	<input type="checkbox"/>	<input type="checkbox"/>	Element 4:	<input type="checkbox"/>	<input type="checkbox"/>	Element 5:	<input type="checkbox"/>	<input type="checkbox"/>
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Element 5:	<input type="checkbox"/>	<input type="checkbox"/>																			

**PLANNING & ENVIRONMENTAL LAW PRACTICE**

Elements	Proposed supervised training:	Supplementary Training	Completion Checklist															
1. Assessing the merits of the matter and advising the client 2. Preparing applications 3. Initiating and responding to claims 4. Representing the client 5. Implementing outcomes	Will this skills area (or part of it) be completed through supervised training? <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes, elements to be completed at this law office:  <i>(If applicable)</i> Elements to be completed at another law office:  Name and address of other law office:	Will this skills area (or part of it) be completed through supplementary training? <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes: Name of subject/unit:  Educational body:  Estimated commencement and completion dates:	Practice area satisfied through:  <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Supervised training</td> <td style="text-align: center;">Supplementary training</td> </tr> <tr> <td>Element 1:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 2:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 3:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 4:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Supervised training	Supplementary training	Element 1:	<input type="checkbox"/>	<input type="checkbox"/>	Element 2:	<input type="checkbox"/>	<input type="checkbox"/>	Element 3:	<input type="checkbox"/>	<input type="checkbox"/>	Element 4:	<input type="checkbox"/>	<input type="checkbox"/>
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Element 4:	<input type="checkbox"/>	<input type="checkbox"/>																

**WILLS & ESTATES PRACTICE**

Elements	Proposed supervised training:	Supplementary Training	Completion Checklist												
1. Drafting wills 2. Administering deceased estates 3. Taking action to resolve wills and estates problems	Will this skills area (or part of it) be completed through supervised training? <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes, elements to be completed at this law office:  <i>(If applicable)</i> Elements to be completed at another law office:  Name and address of other law office:	Will this skills area (or part of it) be completed through supplementary training? <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes: Name of subject/unit:  Educational body:  Estimated commencement and completion dates:	Practice area satisfied through:  <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Supervised training</td> <td style="text-align: center;">Supplementary training</td> </tr> <tr> <td>Element 1:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 2:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 3:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Supervised training	Supplementary training	Element 1:	<input type="checkbox"/>	<input type="checkbox"/>	Element 2:	<input type="checkbox"/>	<input type="checkbox"/>	Element 3:	<input type="checkbox"/>	<input type="checkbox"/>
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### 3 VALUES

ETHICS & PROFESSIONAL RESPONSIBILITY																		
Elements	Proposed supervised training:	Supplementary Training	Completion Checklist															
1. Acting ethically 2. Discharging the legal duties and obligations of legal practitioners 3. Complying with professional conduct rules 4. Complying with fiduciary duties 5. Avoiding conflicts of interest 6. Acting courteously 7. Complying with rules relating to the charging of fees 8. Reflecting on wider issues	Will this skills area (or part of it) be completed through supervised training? <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes, elements to be completed at this law office:  <i>(If applicable)</i> Elements to be completed at another law office:  Name and address of other law office:	Will this skills area (or part of it) be completed through supplementary training? <input type="checkbox"/> No <input type="checkbox"/> Yes :  If yes: Name of subject/unit:  Educational body:  Estimated commencement and completion dates:	Practice area satisfied through:  <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Supervised training</td> <td style="text-align: center;">Supplementary training</td> </tr> <tr> <td>Element 1:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 2:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 3:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Element 4:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Supervised training	Supplementary training	Element 1:	<input type="checkbox"/>	<input type="checkbox"/>	Element 2:	<input type="checkbox"/>	<input type="checkbox"/>	Element 3:	<input type="checkbox"/>	<input type="checkbox"/>	Element 4:	<input type="checkbox"/>	<input type="checkbox"/>
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### 4 PROPOSED SUPPLEMENTARY TRAINING

Proposed Supplementary training	Training Provider	Dates	Completion Checklist
			Training complete

## 5 COMPULSORY PROGRAMMED TRAINING

The trainee must complete 90 hours of programmed training approved by the board.

The board has approved that programmed training must include the elements of the 'Ethics & Professional Responsibility. The balance of the 90 hours of programmed training relate to any of the Skills or Practice Areas. Approved supplementary training for a value, skill, practice area may be counted for programmed training. Other courses or programs can be approved by the board on application.

Proposed Programmed training	Estimated hours	Estimated date of completion	Completion Checklist	
			Training complete	Hours
<b>Total Hours</b>				