

Application for grant of a practising certificate

Queensland | *Legal Profession Act 2007* | section 50

QLS FORM 1 (LPA) | version 20

Applications for practising certificates in Queensland are made in accordance with ss24 and 50 of the *Legal Profession Act 2007* which, in general, requires all practitioners other than those fully employed as a government legal officer, to hold current practising certificates.

Applicant details <small>*mandatory fields</small>
*Full name (BLOCK LETTERS)
*First name
*Middle name/s
*Surname
Post nominal
I wish to apply for a practising certificate for the year ending 30 June 20 _____ (Year)

Personal details <small>*mandatory fields</small>
*Title (<i>Mr, Mrs, Miss, Ms, Mx, Other – please specify</i>)
*Date of birth
Preferred pronoun
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not specified
*Residential address
Postcode
Private telephone number <small>(Include area code)</small>
Mobile telephone number
Private email address
Director Identification Number (DIN)
Australian resident taxation status

Employment details <small>*mandatory fields</small>
<i>If associated with more than one law practice or employer, please append additional details. Please complete the following details about your law practice or employer.</i>
*Law practice/employer
*Street address
Postcode
*Postal address
Postcode
*Telephone number <small>(Include area code)</small>
*Facsimile number <small>(Include area code)</small>
*Email address
*Employment status
<input type="checkbox"/> law practice <input type="checkbox"/> government
<input type="checkbox"/> partner <input type="checkbox"/> government department
<input type="checkbox"/> sole practitioner <input type="checkbox"/> government agency
<input type="checkbox"/> legal practitioner director <input type="checkbox"/> judicial
<input type="checkbox"/> employee <input type="checkbox"/> locum tenens
<input type="checkbox"/> consultant <input type="checkbox"/> teaching institution
<input type="checkbox"/> community legal centre <input type="checkbox"/> retired
<input type="checkbox"/> limited principal <input type="checkbox"/> MDP legal practitioner partner
<input type="checkbox"/> employee <input type="checkbox"/> unemployed
<input type="checkbox"/> volunteer <input type="checkbox"/> other <small>(Please specify)</small>
<input type="checkbox"/> corporation <small>(including local government)</small>

*Date of commencement in above status

Academic qualifications <small>*mandatory fields</small>
<i>List academic qualifications*</i>

Enquiries and completed payment details (if applicable) –

Records and Member Services, Queensland Law Society, GPO Box 1785, Brisbane Qld 4001
p 1300 367 757 | f 07 3842 5999 | records@qls.com.au | For more information visit qls.com.au | ABN 33 423 389 441

Admission details *mandatory fields	
<i>If your name is on the roll of persons admitted to the legal profession as an Australian lawyer in Queensland, please complete the following details.</i>	
*Date of admission in Queensland	
Basis of admission in Queensland	
<input type="checkbox"/> articles of clerkship <input type="checkbox"/> associateship <input type="checkbox"/> supervised traineeship <input type="checkbox"/> legal practice course <input type="checkbox"/> public service	<input type="checkbox"/> solicitor board or bar board examinations <input type="checkbox"/> other (Please specify) <hr/> <hr/>
<i>If you were admitted in another jurisdiction other than Queensland, please provide details of admission to practise in other jurisdictions other than Queensland.</i>	
*State or territory	*Date of admission
*Basis of admission in other jurisdiction	
<input type="checkbox"/> articles of clerkship <input type="checkbox"/> associateship <input type="checkbox"/> supervised traineeship <input type="checkbox"/> legal practice course <input type="checkbox"/> public service	<input type="checkbox"/> bar examinations <input type="checkbox"/> other (Please specify) <hr/> <hr/>

Electronic Transactions Act

In accordance with the *Electronic Transactions (Queensland) Act 2001*, the Society may provide notices, such as practising certificate renewals, to you by electronic communication. By completing this application, your consent to this form of contact is taken to be given.

Privacy statement

WE RESPECT YOUR PRIVACY. This form asks for personal information. Please refer to our **Personal Information Collection Notice** for more details. The notice can be accessed here qls.com.au/Content-Collections/Policies/Personal-Information-Collection-Notice. If you have any questions or are unable access it online, please contact us on 1300 367 757.

Declaration and disclosure requirements *mandatory fields
*Have you been subject to any of the suitability matters mentioned in ss9 and 46 of the <i>Legal Profession Act 2007</i> which may affect your fitness to hold a practising certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' , provide details <i>(If you have previously disclosed any such matter to the Society, you need only provide the date of the correspondence in which you did so.)</i>
*Have you been subject to any 'show cause event' as defined in Schedule 2 of the <i>Legal Profession Act 2007</i> which may affect your suitability to hold a practising certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' , have you provided a notice and statement as required by ss67 or 68(1) of the <i>Legal Profession Act 2007</i> to the Society? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' , provide the date of the notice and statement If 'No' , provide a notice and statement (<i>attach to this form</i>)
*Have you been disqualified from managing corporations under any law in place in Australia, including the <i>Corporations Act 2001</i> (Cth)? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' , provide details
In accordance with r18A, Queensland Law Society Administration Rule 2005, it is the responsibility of each solicitor to provide any change of their details to Queensland Law Society in writing (GPO Box 1785 Brisbane Qld 4001 or email records@qls.com.au) or you may amend the detail in your profile on our website
I solemnly and sincerely declare that: (a) I will comply with the <i>Queensland Law Society (Indemnity) Rule 2005</i> in respect of Professional Indemnity Insurance; and (b) the information and particulars set forth in this form are complete and accurate in every detail.
Signed
Date

Payment form for grant of a practising certificate



This is not part of the QLS FORM 1 (LPA)

Fees			
This application is accompanied by			
	Fee	GST	Total (include GST)
Practising certificate fee	\$	\$	\$
Fidelity fund contribution	\$	\$	\$
TOTAL	\$	\$	\$

Payment of fees	
Total payment \$	
<input type="checkbox"/> Credit card (Diners Club is not accepted)	
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard <input type="checkbox"/> Amex
Card number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cardholder name	
Expiry date	/ Amount \$
Cardholder signature	
<input type="checkbox"/> Cheque (made payable to Queensland Law Society Inc and attached to this form)	

Enquiries and completed payment details (if applicable) –