

Schedule 1 — Forms

[r. 2]

Form 1— Application for registration of articles

Application for registration of articles	<i>Legal Practice Act 2003 Part 3 Legal Practice Board Rules 2004 r. 22 Form 1</i>
Applicant	Name _____
	Residential address _____
	Telephone (h) _____ (w) _____ (mobile) _____
	Fax (h) _____ (w) _____
	Email (h) _____ (w) _____
	Date of birth / /
	Place of birth _____
Principal	Name _____
	Address _____
	Telephone _____ Fax _____
	Mobile _____
	Email _____
Qualifications	<input type="checkbox"/> Bachelor of Laws degree from — <input type="checkbox"/> The University of Western Australia <input type="checkbox"/> Murdoch University <input type="checkbox"/> The University of Notre Dame Australia or <input type="checkbox"/> Qualifications approved for the purposes of s. 27(2)(a)(ii) on <i>(date of approval)</i> _____/_____/20_____ or <input type="checkbox"/> Qualifications approved for the purposes of s. 27(2)(b)(i) on <i>(date of approval)</i> _____/_____/20_____ or <input type="checkbox"/> Experience in legal practice approved for the purposes of s. 27(2)(b)(ii) on <i>(date of approval)</i> / /20
Convictions	I have not / have been convicted of any offences If yes, give details _____ _____
Statutory declaration	I declare that the information given in or with this application is true and correct and that I have not omitted any relevant information.
	Signature _____
<i>(Witness must be a person authorised to take statutory declarations)</i>	Date / /20
	Witness _____
	Signature _____
	Name _____
	Address _____

Form 2 — Deed of articles of clerkship

Deed of Articles of Clerkship

Date ____/____/20____

Between

_____ of _____
_____ (“Principal”)

and

_____ of _____
_____ (“Articled Clerk”)

1. Entry into articles

- 1.1 The Principal is to take the Articled Clerk as an articled clerk for one year from the date on which the articles are registered by the Board (“**articles period**”).
- 1.2 The Articled Clerk is to serve the Principal as an articled clerk during the articles period in accordance with this deed and the *Legal Practice Act 2003* (“**the Act**”).

2. Articled Clerk’s obligations

- 2.1 During the articles period, the Articled Clerk must —
 - (a) serve the Principal as an articled clerk, honestly, faithfully and diligently;
 - (b) attend to the duties required of the Articled Clerk by the Principal;
 - (c) be present at the Principal’s offices during ordinary office hours or at other places or times as required by the Principal;
 - (d) comply with the proper standards of the legal profession as expected of articled clerks; and
 - (e) behave in a proper and orderly manner.
- 2.2 The Articled Clerk must keep confidential all information acquired during the articles period about the Principal’s practice or clients, or the practice or clients of the firm or incorporated legal practice of which the Principal is a partner or legal practitioner director.

3. Principal’s obligations

- 3.1 The Principal must ensure that during the articles period the Articled Clerk —
 - (a) is instructed in the practice and profession of the law as conducted in Western Australia;
 - (b) is given exposure to as many different areas of law as is practicable;
 - (c) is provided with an appropriate working environment; and

- (d) is not required to carry out duties, or be present at places or times, that are not related to the Principal's practice or to the practice of law generally, or that are unreasonable.
- 3.2 During the articles period, the Principal must comply with the proper standards of the legal profession in relation to dealing with articled clerks.
- 3.3 If the Articled Clerk —
- (a) complies with the Articled Clerk's obligations under this deed;
 - (b) attends the courses and passes the examinations required under the Act; and
 - (c) otherwise complies with the Act in relation to admission as a legal practitioner,

at the end of the articles period the Principal must use his or her best endeavours to have the Articled Clerk admitted.

- 3.4 Clause 3.3 does not require the Principal to pay any costs associated with the Articled Clerk's admission.

4. Date of effect

This deed takes effect from the date on which the articles are registered by the Legal Practice Board.

Signed as a deed

Principal _____
(Signature of Principal)

Witness _____
(Signature of Witness)

(Name of Witness)

(Address of Witness)

Articled clerk _____
(Signature of Articled Clerk)

Witness _____
(Signature of Witness)

(Name of Witness)

(Address of Witness)

**Form 3 — Certificate of good character for registration as an
articled clerk**

Certificate of good character for registration as an articled clerk		<i>Legal Practice Act 2003 s. 19 Legal Practice Board Rules 2004 r. 22 Form 3</i>
Applicant	Name _____	
	Address _____	
Practitioner / Person giving certificate	Name _____	
	Address _____	
	Telephone _____	Fax _____
	Mobile _____	
	Email _____	
	I am <i>(select appropriate box)</i>	
	<input type="checkbox"/> Local practitioner of at least 2 years' standing. <input type="checkbox"/> Person of good repute and standing, being (describe) _____	
	Relationship with applicant <i>(e.g. friend, relative, employer)</i> _____	
I have known the applicant for _____ months/years		
I certify that — <ul style="list-style-type: none"> • in my opinion the applicant is of good fame and character to be an articled clerk in Western Australia. 		
Signature _____		
Date / /20		

Form 4 — Application for registration of assignment of articles

Application for registration of assignment of articles		<i>Legal Practice Act 2003 s. 22 Legal Practice Board Rules 2004 r. 23 Form 4</i>
Articled Clerk	Name _____	
	Residential address _____	
	Telephone (h) _____	(w) _____
	(mobile) _____	
	Fax (h) _____	(w) _____
Old Principal	Name _____	
	Address _____	
	Telephone _____	Fax _____
	Mobile _____	
	Email _____	
New Principal	Name _____	
	Address _____	
	Telephone _____	Fax _____
	Mobile _____	
	Email _____	
Articles	Date of Deed of Articles of Clerkship / /20	
	Date of registration / /20	
	Date of Deed of Assignment of Articles / /20	
Reason for assignment	The Old Principal — <input type="checkbox"/> is incapacitated by reason of mental disability. <input type="checkbox"/> has become a disqualified person. <input type="checkbox"/> has ceased to practise in Western Australia on his or her own account or to be a legal practitioner director. <input type="checkbox"/> has had his or her approval to have an articled clerk revoked by the Board.	
	or Another reason consented to by the Board (<i>details</i>) _____	
Articled Clerk	Signature _____	
	Date / /20	

Form 5 — Deed of assignment of articles

Deed of Assignment of Articles of Clerkship

Date ____/____/20____

Between

_____ of _____
_____ (“Old Principal”)

and

_____ of _____
_____ (“New Principal”)

and

_____ of _____
_____ (“Articled Clerk”)

Recitals

- A. By a deed of articles of clerkship dated ____/____/20____ (“deed”), and registered with the Legal Practice Board on ____/____/20____ the articled clerk became articled to the Old Principal.
- B. The parties agree that, subject to registration by the Legal Practice Board, the articles be assigned to the New Principal.

Deed

1. Assignment

The Old Principal assigns to the New Principal the obligations and benefit of the position of principal under the deed.

2. Obligations under assigned deed

For the remainder of the term of the articles —

- (a) the New Principal is to perform the obligations of principal under the deed; and
- (b) the Articled Clerk is to perform his or her obligations as an articled clerk to the New Principal.

3. Date of effect

This deed takes effect from the date on which the assignment of the articles is registered by the Legal Practice Board.

4. Release of Old Principal

The Old Principal’s obligations under the deed cease on the date of this deed.

Signed as a deed.

Old Principal _____
(Signature of Old Principal)

Witness _____
(Signature of Witness)

(Name of Witness)

(Address of Witness)

New Principal _____
(Signature of New Principal)

Witness _____
(Signature of Witness)

(Name of Witness)

(Address of Witness)

Articled Clerk _____
(Signature of Articled Clerk)

Witness _____
(Signature of Witness)

(Name of Witness)

(Address of Witness)

[Form 5 amended in Gazette 12 Apr 2005 p. 1170.]

Form 6 — Application for cancellation of registration of articles and registration of new articles

Application for cancellation of registration of articles and registration of new articles		<i>Legal Practice Act 2003 s. 22 Legal Practice Board Rules 2004 r. 23 Form 6</i>
Articled Clerk	Name _____	
	Residential address _____	
	Telephone (h) _____	(w) _____
	(mobile)	
	Fax (h) _____	(w) _____
	Email (h) _____	(w) _____
Old Principal	Name _____	
	Address _____	
New Principal	Name _____	
	Address _____	
	Telephone _____	Fax _____
	Mobile _____	
	Email _____	
Articles	Date of original Deed of Articles of Clerkship / /20	
	Date of registration / /20	
	Date of new Deed of Articles of Clerkship / /20	
Reason for cancellation of articles	The Old Principal — <input type="checkbox"/> has died <input type="checkbox"/> is incapacitated by reason of mental disability <input type="checkbox"/> has become a disqualified person <input type="checkbox"/> has ceased to practise in Western Australia on his or her own account or to be a legal practitioner director <input type="checkbox"/> has had his or her approval to have an articled clerk revoked by the Board or Another reason consented to by the Board (<i>details</i>) _____	
	Articled Clerk Signature _____ Date / /20	

Form 7 — Certificate of completion of articles

Certificate of completion of articles		<i>Legal Practice Act 2003 Legal Practice Board Rules 2004 r. 27 Form 7</i>
Articled clerk	Name _____	
	Address _____	
Principal	Name _____	
	Address _____	
	Telephone _____	Fax _____
	Mobile _____	
	Email _____	
Articles	Date of registration / /20	
	Term of articles: From / /20 to / /20	
<p>I certify that the Articled Clerk —</p> <p><input type="checkbox"/> has completed 12 months service as my articled clerk;</p> <p>or</p> <p><input type="checkbox"/> has served as my articled clerk since <i>(date of commencement of articles)</i> _____ / _____ /20 and that I intend the Articled Clerk to continue as my articled clerk for the duration of the term of articles, which will be completed before the date proposed for the Articled Clerk’s admission. I will notify the Board immediately if the Articled Clerk ceases to be my articled clerk before the term of articles is completed.</p> <p>I certify that while serving as my articled clerk, the Articled Clerk has complied with all of the Articled Clerk’s obligations under the <i>Legal Practice Act 2003</i> and the Deed of Articles of Clerkship.</p>		
Signature _____		
Date / /20		

[Form 7 amended in Gazette 12 Apr 2005 p. 1171.]

Form 8 — Application for approval of qualification for s. 27(2)(a)(ii)

Application for approval of qualification for s. 27(2)(a)(ii)		<i>Legal Practice Act 2003 s. 27 Legal Practice Board Rules 2004 r. 33 Form 8</i>
Applicant	Name _____	
	Residential address _____	
	Telephone (h) _____	(w) _____
	(mobile) _____	
	Fax (h) _____	(w) _____
	Email (h) _____	
	(w) _____	
Qualification	Date of birth / /	
	Place of birth _____	
	Qualification _____	
	Institution _____	
	I <input type="checkbox"/> obtained the qualification on _____	
	<input type="checkbox"/> am in my final year of studying for the qualification	
	I expect to complete my final examinations on or about _____/_____/20____	
The subjects I am currently taking, or will take, to obtain that qualification are _____ _____		
Statutory declaration	I declare that the information given in or with this application is true and correct and that I have not omitted any relevant information.	
	Signature _____	
<i>(Witness must be a person authorised to take statutory declarations)</i>	Date / /20	
	Witness _____	
	Signature _____	
	Name _____	
	Address _____	

Form 9 — Application for approval of qualifications and experience for s. 27(2)(b)

Application for approval of qualifications and experience for s. 27(2)(b)		<i>Legal Practice Act 2003 s. 27 Legal Practice Board Rules 2004 r. 35 Form 9</i>
Applicant	Name	_____
	Residential address	_____
	Telephone (h) _____ (w) _____	
	(mobile) _____	
	Fax (h) _____ (w) _____	
	Email (h) _____	
	(w) _____	
	Date of birth / /	
Place of birth	_____	
Qualifications	<i>(Give details of all educational and professional qualifications and courses)</i>	
	Qualification _____	
	Institution _____	
	Obtained/completed ____/____/_____	
	Qualification _____	
	Institution _____	
Obtained/completed (date) / /		
Experience	Articles / pupillage	
	Principal _____	
	Firm _____	
	Address _____	
	Telephone _____ Fax _____	
	Email _____	
	Period of service / / to / /	
	Admission to practice	
	Jurisdiction _____	
	Admitted as (<i>e.g. barrister, solicitor, attorney</i>) _____	
	Date admitted ____/____/_____	
	Jurisdiction _____	
Admitted as _____		
Date admitted / /		
	Entitlement to practice	
	Jurisdiction _____	
	Entitlement (<i>e.g. licence, practice certificate</i>) _____	
	Issuing authority _____	
	Period of entitlement ____/____/____ to ____/____/____	
	Jurisdiction _____	
	Entitlement _____	
	Issuing authority _____	
Period of entitlement / / to / /		

Post admission practice *(Give details for each different period of work)*

Jurisdiction _____

Capacity *(eg. barrister, solicitor, in-house lawyer)* _____

Firm/employer *(name & address)* _____

Period of practice ____ / ____ / ____ to ____ / ____ / ____

Nature of work _____

Jurisdiction _____

Capacity _____

Firm/employer _____

Period of practice _____

Nature of work _____

Current practice

Jurisdiction _____

Capacity _____

Firm/employer _____

**Professional
Regulatory Body**

Name _____

Address _____

Telephone _____ Facsimile _____

Statutory declaration <i>(Witness must be a person authorised to take statutory declarations)</i>	I declare that the information given in or with this application is true and correct and that I have not omitted any relevant information.
	Signature _____
	Date / /20
	Witness
	Signature
	Name
	Address _____

	<p>I have not / have been the subject of a complaint to any regulatory body. If yes, give details _____ _____</p>
Convictions	<p>I have not / have been convicted of any offences If yes, give details _____ _____</p>
Statutory declaration	<p>I declare that the information given in or with this notice is true and correct and that I have not omitted any relevant information.</p>
	Signature _____
	Date / /20
	Witness
	Signature _____
	Name _____
	Address _____
<i>(Witness must be a person authorised to take statutory declarations)</i>	

Form 11 — Certificate of good character for applicant for admission

Certificate of good character for applicant for admission		<i>Legal Practice Act 2003 s. 28 Legal Practice Board Rules 2004 r. 36 Form 11</i>
Applicant	Name _____	
	Address _____	
	<i>(If qualified under s. 27(2)(b))</i> Jurisdiction where currently practising, or last practised _____	
Person giving certificate	Name _____	
	Address _____	
	Telephone _____	Fax _____
	Mobile _____	
	Email _____	
	I am <input type="checkbox"/> A local practitioner of at least 2 years' standing; <input type="checkbox"/> a person of good repute and standing from jurisdiction where Applicant is currently practising, or last practised.	
	Relationship with Applicant <i>(e.g. friend, relative, employer)</i> _____	
	I have known the Applicant for _____ years	
I certify that in my opinion the Applicant is of good fame and character and a fit and proper person to be admitted as a legal practitioner in Western Australia.		
Signature _____		
Date / /20		

Form 12 — Advertisement of intention to apply for admission

Application for admission as a legal practitioner		<i>Legal Practice Act 2003 s. 28 Legal Practice Board Rules 2004 r. 38 Form 12</i>
Applicant*	Name _____	
	Address _____	
<p>The Applicant intends to apply to the Full Court of the Supreme Court of Western Australia to be admitted as a legal practitioner under the <i>Legal Practice Act 2003</i>.</p> <p>The Applicant intends to make the application on ____/____/20____</p> <p>Objections to the admission can be made by lodging a notice of objection, stating the grounds for objection, at the Supreme Court at least 7 days before that date.</p>		
Secretary of the Legal Practice Board	Signature _____	
	Name _____	
	Date ____ / ____ /20____	

- *If Applicant is qualified under section 27(2)(b)(ii), include this panel*

•

<i>Admitted to practice in (jurisdiction) _____ as (e.g. barrister, solicitor, attorney) _____ on ____ / ____ /</i>

Form 13 — Affidavit of applicant for admission

AFFIDAVIT of _____

I _____
of _____

make oath and say —

1. I have obtained from the Legal Practice Board a certificate as required by the *Legal Practice Act 2003* section 28(1)(c). That certificate is attached as Annexure A.

2.* I have caused advertisements of my intention to apply to the Court for admission as a legal practitioner to be published in accordance with the *Legal Practice Act 2003* section 28(1)(d) and the *Legal Practice Board Rules 2004* rule 38.

The advertisements appeared in *(name of newspaper)* _____
_____ on ____/____/20____ and
____/____/20____

Sworn by _____
at _____
on ____/____/20____

Before me _____

(signature of witness)

Name _____

(signature of deponent)

* Paragraph 2 not required if the application is made under the *Mutual Recognition (Western Australia) Act 2001*.

Form 14 — Certificate of completion of restricted practice

Certificate of completion of restricted practice		<i>Legal Practice Act 2003 s. 33 Legal Practice Board Rules 2004 r. 41 Form 14</i>
Restricted Practitioner	Name _____	
	Address _____	
	Telephone _____	Fax _____
	Mobile _____	
	Email _____	
	Date of admission / /20	
Period of employment / /20 to / /20		
Employer	Name _____	
	Address _____	
	Telephone _____	Fax _____
	Mobile _____	
	Email _____	
<p>I certify that —</p> <ul style="list-style-type: none"> • I am a legal practitioner authorised under the <i>Legal Practice Act 2003</i> to take, have and retain an articled clerk; and • the Restricted Practitioner worked for me as an employed legal practitioner during the period of employment referred to above. 		
Signature _____		
Date / /20		

Form 15 — Notice of intention to apply for re-admission

Notice of intention to apply for re-admission	<i>Legal Practice Act 2003 s. 34</i> <i>Legal Practice Board</i> <i>Rules 2004 r. 42</i> Form 15
Person intending to apply for re-admission	Name _____ Residential address _____ Telephone (h) _____ (w) _____ (mobile) _____ Fax (h) _____ (w) _____ Email (h) _____ (w) _____
Admission	Date of admission / / / Date struck off / / / Reasons for being struck off _____
Employment since being struck off	Employer _____ Address _____ _____ Position in which employed _____ Nature of work _____ _____ Employer _____ Address _____ _____ Position in which employed _____ Nature of work _____
Statutory declaration	I declare that — <ul style="list-style-type: none"> • the information given in or with this notice is true and correct and that I have not omitted any relevant information; • since being struck off I have not engaged in any illegal or unprofessional conduct.
<i>(Witness must be a person authorised to take statutory declarations)</i>	Signature _____
	Date / /20
	Witness
	Signature _____
	Name _____
	Address _____

Form 16 — Certificate of good character for applicant for re-admission

Certificate of good character for applicant for re-admission		<i>Legal Practice Act 2003 s. 34 Legal Practice Board Rules 2004 r. 42 Form 16</i>
Applicant	Name _____	
	Address _____	
	Date struck off / /	
Person giving certificate	Name _____	
	Address _____	
	Telephone _____	Fax _____
	Mobile _____	
	Email _____	
	Relationship with Applicant (<i>e.g. friend, relative, former employer</i>) _____	
	I have known the Applicant for _____ years	
	<input type="checkbox"/> Employer of Applicant since being struck off Period of employment / / to / / <input type="checkbox"/> Other person of good repute and standing	
I certify that — <ul style="list-style-type: none"> • to the best of my knowledge, since being struck off the Applicant has not engaged in any illegal or unprofessional conduct; and • in my opinion the Applicant is a fit and proper person to be re-admitted as a legal practitioner in Western Australia. 		
Signature _____		
Date / /20		

Form 17 — Application for practice certificate

Application for practice certificate		<i>Legal Practice Act 2003 s. 37, 38, 39 Legal Practice Board Rules 2004 r. 44 Form 17</i>
Applicant	Name _____	
	Title Mr / Ms / Mrs / Miss / Dr / Other _____ QC / SC Date of appointment / / _____ <i>Jurisdiction in which appointed</i>	
	Residential address No & Street _____	
	Suburb _____	State _____ Postcode _____
	Telephone _____	Fax _____
	Mobile _____	Email _____
Practice <i>(If not currently practising, give details of intended practice as at date on which practice certificate will take effect.)</i>	Place of practice	

	<p>Street address <i>No & Street</i> _____ <i>Suburb</i> _____ <i>State</i> _____ <i>Postcode</i> _____ Postal address _____ Telephone _____ Fax _____ Email _____</p>
	<p>Capacity in which practising</p> <p><input type="checkbox"/> Barrister</p> <p><input type="checkbox"/> Sole practitioner Practice name _____</p> <p><input type="checkbox"/> Equity Partner <input type="checkbox"/> Salaried Partner Partnership name _____ <input type="checkbox"/> Legal partnership <input type="checkbox"/> Multi-disciplinary partnership</p> <p><input type="checkbox"/> Director or officer of incorporated legal practice Name of corporation _____ ACN or ARBN _____</p> <p><input type="checkbox"/> Employee Name of employer _____</p> <p><input type="checkbox"/> Consultant Name of employer _____</p> <p><input type="checkbox"/> Corporate solicitor Name of employer _____</p> <p><input type="checkbox"/> Not practising</p>
<p>Admission outside WA Give details for each jurisdiction in which admitted If more space is required, use page 4</p>	<p>Jurisdiction _____ Admitted as (<i>e.g. barrister, solicitor, attorney</i>) _____ Date of admission ____/____/____</p> <p>Jurisdiction _____ Admitted as _____ Date of admission ____/____/____</p> <p>Jurisdiction _____ Admitted as _____ Date of admission ____/____/____</p>
<p>Trust account</p> <p>* <i>Delete whichever is not applicable</i></p> <p>Give details for each trust account If more space is required, use page 4</p>	<p>I *do / do not receive trust moneys.</p> <p>If yes, trust account used by applicant</p> <p>Name of account _____ Name of bank _____ Branch address _____ BSB No. _____ Account No. _____ Date account opened ____/____/____</p> <p>Auditor Name _____ Firm/company _____ Address _____ _____</p> <p>Email _____</p>
<p>Professional indemnity insurance</p> <p>* <i>Delete whichever is not applicable</i></p>	<p>I *hold my own / am covered by my employer's professional indemnity insurance in accordance with the <i>Legal Practice Act 2003</i>.</p> <p>I *have / have not complied with Law Mutual's requirements.</p>

Complaints	An order under the <i>Legal Practice Act 2003</i> s. 177, 185 or 191 (or an equivalent section of the <i>Legal Practitioners Act 1893</i>) *has / has not been made in relation to me. If yes, made under section _____ on ____/____/____ Fine <input type="checkbox"/> fined \$ _____ <input type="checkbox"/> no fine <input type="checkbox"/> paid on ____/____/20____ <input type="checkbox"/> not paid Costs <input type="checkbox"/> ordered to pay \$ _____ <input type="checkbox"/> no order <input type="checkbox"/> paid on ____/____/20____ <input type="checkbox"/> not paid Expenses <input type="checkbox"/> ordered to pay \$ _____ <input type="checkbox"/> no order <input type="checkbox"/> paid on ____/____/20____ <input type="checkbox"/> not paid
Fitness, capacity and solvency	I *am / am not an insolvent under administration within the meaning of the Corporations Act (<i>this includes being bankrupt</i>). I *am / am not a legal practitioner director of an incorporated legal practice that is insolvent within the meaning of the Corporations Act. If yes, give details _____ _____
* <i>Delete whichever is not applicable</i> <i>If more space is required, use page 4</i>	I *am / am not in prison. If yes, give details _____ _____
Payment	Payment to accompany application Practice certificate fee \$ _____ Guarantee Fund contribution \$ _____ (Contribution No. _____) Total \$ _____ Method of payment <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Electronic funds transfer <input type="checkbox"/> Credit Card Name on card _____ Card No. _____ Expiry date ____/____/20____ Card holder's signature _____
Confirmation	I confirm that — <ul style="list-style-type: none">• I am not struck off, suspended, disqualified or otherwise prohibited from engaging in legal practice in WA or in any other place; and• the information given in or with this application is true and correct and that I have not omitted any relevant information.
	Signature _____
	Date / /20
Additional information if required	_____

[Form 17 inserted in Gazette 12 Apr 2005 p. 1171-3.]

**Form 18 — Notice of establishment of office by
interstate practitioner**

Notice of establishment of office by interstate practitioner		<i>Legal Practice Act 2003 s. 91 Legal Practice Board Rules 2004 r. 46 Form 18</i>
Interstate Practitioner	Name _____	
	Residential address _____	
	Telephone _____	Fax _____
	Mobile _____	
	Email _____	
	Date of birth / /	
	Place of birth _____	
Practice in WA	Address _____	
	Telephone _____ Fax _____	
	Email _____	
	Date of establishment of office / /20	
	Capacity in which practising	
	<input type="checkbox"/> Barrister <input type="checkbox"/> Sole practitioner <input type="checkbox"/> Equity Partner / Salaried Partner Partnership name _____ <input type="checkbox"/> Legal partnership <input type="checkbox"/> Multi-disciplinary partnership Names of partners (<i>identify any who are not legal practitioners</i>) _____ _____ _____ _____ _____	
	<input type="checkbox"/> Employee / Consultant / Corporate Solicitor	
Principal place of practice	<input type="checkbox"/> Director or officer of incorporated legal practice Name of corporation _____ <input type="checkbox"/> Director <input type="checkbox"/> Officer (<i>office</i>) _____ ACN or ARBN _____ Registered office _____ _____ Telephone _____ Fax _____ Email _____	
	I / will / will not accept trust moneys in WA If yes, trust account in WA Bank _____ Branch _____ Name of account _____ BSB no. account no.	
	State _____	

	Address _____ Telephone _____ Fax _____ Email _____ Date of admission ____ / ____ / ____ Date of practice certificate ____ / ____ / ____ Any restrictions on entitlement to practice (<i>give details</i>) _____ _____
Other places of practice	Address _____ Telephone _____ Fax _____ Email _____ Date of admission ____ / ____ / ____ Date of practice certificate ____ / ____ / ____ Any restrictions on entitlement to practice (<i>give details</i>) _____ _____ Address _____ Telephone _____ Fax _____ Email _____ Date of admission ____ / ____ / ____ Date of practice certificate ____ / ____ / ____ Any restrictions on entitlement to practice (<i>give details</i>) _____ _____
Statutory declaration	I declare that the information given on or with this notice is true and correct and that I have not omitted any relevant information. Signature _____ Date ____ / ____ / 20____
<i>(Witness must be a person authorised to take statutory declarations)</i>	Witness _____ Signature _____ Name _____ Address _____

Form 19 — Application for registration as foreign lawyer

Application for registration as a foreign lawyer		<i>Legal Practice Act 2003 s. 103 Legal Practice Board Rules 2004 r. 47 Form 19</i>
Applicant	Name _____	
	Residential address _____	
	Telephone _____	Fax _____
	Mobile _____	
	Email _____	
	Date of birth / / _____	
Place of birth _____		
Qualifications	<i>(Give details for all educational and professional qualifications)</i>	
	Qualification _____	
	Institution _____	
	Date obtained/completed / / _____	
	Qualification _____	
	Institution _____	
Date obtained/completed / / _____		
Practice outside Australia	I am registered to practice law in _____ (home country)	
	Principal place of practice	
	Address _____	

	Telephone _____	Fax _____
	Email _____	
	Date of admission / / _____	
	Period of practice / / _____ to / / _____	
Registration authority		
Name _____		
Address _____		

Telephone _____		
Email _____		

Disciplinary proceedings and restrictions on practice in home country	My registration to practice law in my home country is / is not cancelled or suspended as a result of disciplinary action. If yes, give details _____ _____
	I am / am not the subject of any disciplinary proceedings (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to my registration to practice law in my home country. If yes, give details _____ _____
	I am / am not a party to any pending criminal or civil proceeding that might result in disciplinary action being taken against me. If yes, give details _____ _____
	I am / am not otherwise prohibited from practising law, or bound by any undertaking not to practise law, in my home country. If yes, give details _____ _____
	I am / am not subject to any conditions in practising law in my home country as a result of criminal, civil or disciplinary proceedings in that country If yes, give details _____ _____
	I am / am not subject to any other conditions imposed as a restriction on my legal practice, or any undertaking given by me restricting my legal practice If yes, give details _____ _____

Practice in WA
(subject to being registered)

Address *(for service of documents)* _____

Telephone _____ Fax _____
Email _____
Commencement date _____ / _____ /20 _____
Capacity in which practising
 Barrister
 Sole practitioner
Practice name _____
 Equity Partner Salaried Partner
Partnership name _____
 Legal partnership Multi-disciplinary partnership
Names of partners _____

 Employee / Consultant / Corporate Solicitor
Name of employer _____
Address _____

Telephone _____ Fax _____
Mobile _____
Email _____
 Director or officer of incorporated legal practice
Name of corporation _____
 Director _____
ACN or ARBN _____
Registered office _____

Telephone _____ Fax _____
Email _____
I will / will not accept trust moneys in WA
If yes, trust account in WA
Bank _____
Branch _____
Name of account _____
BSB no. _____ account no. _____

	<p>I have examined the Legal Practitioner's accounting systems and am of the opinion that they — are / are not suitable to enable compliance with the <i>Legal Practice Board Rules 2004, Part 6</i> are / are not appropriate for the Legal Practitioner's practice</p> <p>If not, give details _____ _____</p>
	<p>I have examined the Legal Practitioner's books of account for the period since the previous accountant's certificate was given and am of the opinion that the Legal Practitioner — has / has not complied with the <i>Legal Practice Board Rules 2004, Part 6</i></p> <p>If not — the non-compliance consisted of —</p> <p><input type="checkbox"/> trivial breaches due to clerical errors or mistakes all of which were rectified on discovery</p> <p><input type="checkbox"/> other breaches (<i>give details</i>) _____ _____ _____</p>
Examinations conducted	<p>I have conducted the following examinations to enable me to give this certificate:</p> <p>_____ _____</p>
<p>I certify that the information given in this certificate is true and correct and that I honestly hold the opinions stated in it.</p>	
<p>Signature _____</p>	
<p>Date / /20</p>	