

# Schedule 1 — Forms

[r. 2]

## Form 1— Application for registration of articles

<b>Application for registration of articles</b>	<i>Legal Practice Act 2003 Part 3 Legal Practice Board Rules 2004 r. 22 Form 1</i>
<b>Applicant</b>	Name _____
	Residential address _____
	Telephone (h) _____ (w) _____ (mobile) _____
	Fax (h) _____ (w) _____
	Email (h) _____ (w) _____
	Date of birth      /      /
	Place of birth _____
<b>Principal</b>	Name _____
	Address _____
	Telephone _____ Fax _____
	Mobile _____
	Email _____
<b>Qualifications</b>	<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 (date of approval) ____/____/20____ or <input type="checkbox"/> Qualifications approved for the purposes of s. 27(2)(b)(i) on (date of approval) ____/____/20____ or <input type="checkbox"/> Experience in legal practice approved for the purposes of s. 27(2)(b)(ii) on (date of approval)      /      /20
<b>Convictions</b>	I have not / have been convicted of any offences If yes, give details _____ _____
<b>Statutory declaration</b>	<b>I declare that the information given in or with this application is true and correct and that I have not omitted any relevant information.</b>
	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**

<b>Certificate of good character for registration as an articled clerk</b>		<i>Legal Practice Act 2003 s. 19 Legal Practice Board Rules 2004 r. 22 Form 3</i>
<b>Applicant</b>	Name _____	
	Address _____	
<b>Practitioner / Person giving certificate</b>	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		
<b>I certify that —</b> <ul style="list-style-type: none"> <li>• <b>in my opinion the applicant is of good fame and character to be an articled clerk in Western Australia.</b></li> </ul>		
Signature _____		
Date        /        /20		

**Form 4 — Application for registration of assignment of articles**

<b>Application for registration of assignment of articles</b>		<i>Legal Practice Act 2003 s. 22                  Legal Practice Board                  Rules 2004 r. 23                  Form 4</i>
<b>Articled Clerk</b>	Name _____	
	Residential address _____	
	Telephone (h) _____	(w) _____
	(mobile) _____	
	Fax (h) _____	(w) _____
<b>Old Principal</b>	Name _____	
	Address _____	
	Telephone _____	Fax _____
	Mobile _____	
	Email _____	
<b>New Principal</b>	Name _____	
	Address _____	
	Telephone _____	Fax _____
	Mobile _____	
	Email _____	
<b>Articles</b>	Date of Deed of Articles of Clerkship        /        /20	
	Date of registration        /        /20	
	Date of Deed of Assignment of Articles        /        /20	
<b>Reason for assignment</b>	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> ) _____	
<b>Articled Clerk</b>	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 New Principal**

The New Principal’s obligations under this 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 6 — Application for cancellation of registration of articles and registration of new articles**

<b>Application for cancellation of registration of articles and registration of new articles</b>		<i>Legal Practice Act 2003 s. 22 Legal Practice Board Rules 2004 r. 23 Form 6</i>
<b>Articled Clerk</b>	Name _____	
	Residential address _____	
	Telephone (h) _____	(w) _____
	(mobile)	
	Fax (h) _____	(w) _____
	Email (h) _____	(w) _____
<b>Old Principal</b>	Name _____	
	Address _____	
<b>New Principal</b>	Name _____	
	Address _____	
	Telephone _____	Fax _____
	Mobile _____	
	Email _____	
<b>Articles</b>	Date of original Deed of Articles of Clerkship      /      /20	
	Date of registration      /      /20	
	Date of new Deed of Articles of Clerkship      /      /20	
<b>Reason for cancellation of articles</b>	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> ) _____	
	<b>Articled Clerk</b> Signature _____ Date      /      /20	



**Form 7 — Certificate of completion of articles**

<b>Certificate of completion of articles</b>		<i>Legal Practice Act 2003 Legal Practice Board Rules 2004 r. 27 Form 7</i>
<b>Articled clerk</b>	Name _____	
	Address _____	
<b>Principal</b>	Name _____	
	Address _____	
	Telephone _____	Fax _____
	Mobile _____	
	Email _____	
<b>Articles</b>	Date of registration        /        /20	
	Term of articles: From    /    /20 to    /    /20	
<p><b>I certify that during the term of articles the Articled Clerk —</b></p> <ul style="list-style-type: none"> <li>• <b>served as my articled clerk;</b></li> <li>• <b>complied with all of the Articled Clerk’s obligations under the <i>Legal Practice Act 2003</i> and the Deed of Articles of Clerkship.</b></li> </ul>		
Signature _____		
Date        /        /20		

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

<b>Application for approval of qualification for s. 27(2)(a)(ii)</b>		<i>Legal Practice Act 2003 s. 27 Legal Practice Board Rules 2004 r. 33 Form 8</i>
<b>Applicant</b>	Name _____	
	Residential address _____	
	Telephone (h) _____	(w) _____
	(mobile) _____	
	Fax (h) _____	(w) _____
	Email (h) _____	
	(w) _____	
<b>Qualification</b>	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 _____ _____		
<b>Statutory declaration</b>	<b>I declare that the information given in or with this application is true and correct and that I have not omitted any relevant information.</b>	
	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)**

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

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

**Form 11 — Certificate of good character for applicant for admission**

<b>Certificate of good character for applicant for admission</b>		<i>Legal Practice Act 2003 s. 28 Legal Practice Board Rules 2004 r. 36 Form 11</i>
<b>Applicant</b>	Name _____	
	Address _____	
	<i>(If qualified under s. 27(2)(b))</i> Jurisdiction where currently practising, or last practised _____	
<b>Person giving certificate</b>	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	
<b>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.</b>		
Signature _____		
Date        /        /20		



**Form 12 — Advertisement of intention to apply for admission**

<b>Application for admission as a legal practitioner</b>		<i>Legal Practice Act 2003 s. 28 Legal Practice Board Rules 2004 r. 38 Form 12</i>
<b>Applicant*</b>	Name _____	
	Address _____	
<p><b>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>.</b></p> <p><b>The Applicant intends to make the application on ____/____/20 ____</b></p> <p><b>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.</b></p>		
<b>Secretary of the Legal Practice Board</b>	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**

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

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

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

<b>Certificate of good character for applicant for re-admission</b>		<i>Legal Practice Act 2003 s. 34 Legal Practice Board Rules 2004 r. 42 Form 16</i>
<b>Applicant</b>	Name _____	
	Address _____	
	Date struck off     /     /	
<b>Person giving certificate</b>	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	
<b>I certify that —</b> <ul style="list-style-type: none"> <li>• <b>to the best of my knowledge, since being struck off the Applicant has not engaged in any illegal or unprofessional conduct; and</b></li> <li>• <b>in my opinion the Applicant is a fit and proper person to be re-admitted as a legal practitioner in Western Australia.</b></li> </ul>		
Signature _____		
Date     /     /20		

## Form 17 — Application for practice certificate

<b>Application for practice certificate</b>	<i>Legal Practice Act 2003 s. 37, 38, 39. Legal Practice Board Rules 2004 r. 44 Form 17</i>
<b>Applicant</b>	Name _____
	Residential address _____
	Telephone _____ Fax _____
	Mobile _____
	Email _____
	Senior Counsel SC / QC (date of appointment)      /      / Jurisdiction in which appointed _____
<b>Practice</b>  <i>(If not currently practising, give details of intended practice as at date on which certificate issued pursuant to this application will take effect)</i>	Address _____
	Telephone _____ Fax _____
	Email _____
	Capacity in which practising <input type="checkbox"/> Barrister <input type="checkbox"/> Sole practitioner
	Practice name _____
	<input type="checkbox"/> Equity Partner / Salaried Partner <i>(delete whichever is inapplicable)</i> Partnership name _____ <input type="checkbox"/> Legal partnership <input type="checkbox"/> Multi-disciplinary partnership Names of partners _____ _____ _____ _____ _____
	<input type="checkbox"/> Employee / Consultant / Corporate Solicitor <i>(delete whichever is inapplicable)</i> Name of employer _____
	<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 _____
	<input type="checkbox"/> Not practising
	<i>(Give details for each jurisdiction in which admitted)</i> Jurisdiction _____ Admitted as <i>(e.g. barrister, solicitor, attorney)</i> _____
<b>Admission outside WA</b>	Jurisdiction _____ Admitted as _____

<b>Trust account</b>	<p>I do / do not receive trust moneys.  If yes, trust account used by applicant  Name of account _____  Name of bank _____  Branch address _____  BSB no. _____ account no. _____  Date account opened ____/____/_____  Auditor Name _____  Firm/company _____  Address _____</p>
<b>Professional indemnity insurance</b>	<p>I hold my own / am covered by my employer's professional indemnity insurance in accordance with the <i>Legal Practice Act 2003</i>.  Insurer _____</p>
<b>Complaints</b>	<p>An order under the <i>Legal Practice Act 2003</i> s. 177, 185 or 191 (or <i>Legal Practitioners Act 1893</i>) <input type="checkbox"/> has / has not been made in relation to me.  If yes, made under section _____ on ____/____/20____  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</p>
<b>Fitness, capacity and solvency</b>	<p>I am / am not / an insolvent under administration within the meaning of the Corporations Act  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 _____  _____</p> <hr/> <p>I am / am not in prison  If yes, give details _____  _____</p>
<b>Guarantee Fund</b>	<p>Contribution No _____ Payment \$ _____  or  I am not required to make a payment to the Guarantee Fund.</p>
<b>Payment</b>	<p>I wish to pay the practice fee payable with this application and my contribution to the Solicitors Guarantee Fund by  <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card</p> <p>Amount \$ _____  Solicitors Guarantee \$ _____  Total \$ _____</p> <p>Name on Credit Card _____  Credit Card No _____  Expiry Date _____</p>

Confirmation	<b>I confirm that —</b> <ul style="list-style-type: none"><li>• <b>I am not, in WA or any other place, struck off, suspended, disqualified or otherwise prohibited from engaging in legal practice; and</b></li><li>• <b>the information given in or with this application is true and correct and that I have not omitted any relevant information.</b></li></ul>
	Signature
	Date        /        /20



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

<b>Notice of establishment of office by interstate practitioner</b>		<i>Legal Practice Act 2003 s. 91 Legal Practice Board Rules 2004 r. 46 Form 18</i>
<b>Interstate Practitioner</b>	Name _____	
	Residential address _____	
	Telephone _____	Fax _____
	Mobile _____	
	Email _____	
	Date of birth     /     /	
	Place of birth _____	
<b>Practice in WA</b>	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		
<b>Principal place of practice</b>	<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> ) _____ _____
<b>Other places of practice</b>	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> ) _____ _____
<b>Statutory declaration</b>	<b>I declare that the information given on or with this notice is true and correct and that I have not omitted any relevant information.</b> 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**

<b>Application for registration as a foreign lawyer</b>		<i>Legal Practice Act 2003 s. 103 Legal Practice Board Rules 2004 r. 47 Form 19</i>
<b>Applicant</b>	Name _____	
	Residential address _____	
	Telephone _____	Fax _____
	Mobile _____	
	Email _____	
	Date of birth      /      /	
<b>Qualifications</b>	<i>(Give details for all educational and professional qualifications)</i>	
	Qualification _____	
	Institution _____	
	Date obtained/completed      /      /	
	Qualification _____	
	Institution _____	
<b>Practice outside Australia</b>	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 _____		

<b>Disciplinary proceedings and restrictions on practice in home country</b>	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. \_\_\_\_\_

<b>Statutory declaration</b>	<b>I declare that —</b>
	<ul style="list-style-type: none"><li>• <b>the information given in or with this application is true and correct and that I have not omitted any relevant information;</b></li><li>• <b>the accompanying instrument from the registration authority in my home country is, or is a complete and accurate copy of, the original instrument;</b></li><li>• <b>all documents accompanying this application that are not in English are accompanied by true and correct English translations; and</b></li><li>• <b>I consent to the making of inquiries of, and the exchange of information with, the registration authority in my home country regarding my activities in practising law in that country or otherwise regarding matters relevant to this application.</b></li></ul>
	Signature _____
	Date        /        /20
	Witness
	Signature _____
	Name _____
Address _____	
<i>(Witness must be a person authorised to take statutory declarations)</i>	

**Form 20 — Accountant’s certificate**

<b>Accountant’s certificate</b>		<i>Legal Practice Act 2003 s. 147</i> <i>Legal Practice Board</i> <i>Rules 2004 r. 58</i> Form 20
<b>Legal Practitioner</b>	Name _____	
	Firm _____	
	Address _____	
<b>Accountant</b>	Name _____	
	Firm _____	
	Address _____	
	Telephone _____	Fax _____
	Mobile _____	
	Email _____	
	I am — <input type="checkbox"/> registered, or taken to be registered, as an auditor under Part 9.2 of the Corporations Act <input type="checkbox"/> approved for the purposes of the <i>Real Estate and Business Agents Act 1978 s. 72(2)</i>	
<b>Previous certificate</b>	Given by ( <i>name and firm</i> ) _____	
	Date     /     /20	
<b>Examination of books of accounts</b>	Date of examination     /     /20 to     /     /20	
	The Legal Practitioner did / did not make available all documents and information necessary to enable me to give this certificate. If not, give details of what was not made available, the reasons given and the effect of the non-availability on this certificate _____ _____	

	<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</i>, Part 6  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</i>, Part 6</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>
<b>Examinations conducted</b>	<p>I have conducted the following examinations to enable me to give this certificate:</p> <p>_____  _____</p>
<p><b>I certify that the information given in this certificate is true and correct and that I honestly hold the opinions stated in it.</b></p>	
<p>Signature _____</p>	
<p>Date        /        /20</p>	