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**JUSTICE**

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JU301\*

Legal Practice Act 2003

**Legal Practice Board Amendment  
Rules (No. 2) 2005**

Made by the Legal Practice Board under section 252 of the *Legal Practice Act 2003*.

**1. Citation**

These rules are the *Legal Practice Board Amendment Rules (No. 2) 2005*.

**2. The rules amended**

The amendments in these rules are to the *Legal Practice Board Rules 2004*\*

[\* *Published in Gazette 14 May 2004, p. 1473-557.*]

**3. Rule 44 amended**

- (1) Rule 44(3)(a) is amended by deleting “applies, \$300;” and inserting instead —

“

applies and the completed application is lodged with the secretary after 31 December, \$300;

”.

- (2) Rule 44(3)(b) is amended by deleting “30 May” and inserting instead —

“ 31 May ”.

**4. Schedule 1 amended**

- (1) Schedule 1 Form 5 is amended by deleting clause 4 and inserting the following clause instead —

“

**4. Release of Old Principal**

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

”.

- (2) Schedule 1 Form 7 is amended by deleting from “I certify that” to “Articles of Clerkship.” and inserting the following instead —

“

<p><b>I certify that the Articled Clerk —</b></p> <p><input type="checkbox"/> has completed 12 months service as my articled clerk;</p> <p><b>or</b></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.</p> <p><b>I will notify the Board immediately if the Articled Clerk ceases to be my articled clerk before the term of articles is completed.</b></p> <p><b>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.</b></p>
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”

- (3) Schedule 1 Form 17 is deleted and the following form is inserted instead —

“

<p><b>Application for practice certificate</b></p>		<p><i>Legal Practice Act 2003</i> s. 37, 38, 39 <i>Legal Practice Board</i> <i>Rules 2004</i> r. 44 Form 17</p>
<p><b>Applicant</b></p>	Name _____	
	Title Mr / Ms / Mrs / Miss / Dr / Other _____	
	QC / SC <i>Date of appointment</i> ____/____/____ <i>Jurisdiction in which appointed</i> _____	
	Residential address <i>No &amp; Street</i> _____ <i>Suburb</i> _____ <i>State</i> _____ <i>Postcode</i> _____	
	Telephone _____ Fax _____	
	Mobile _____ Email _____	
<p><b>Practice</b></p> <p><i>(If not currently practising, give details of intended practice as at date on which practice certificate will take effect.)</i></p>	<b>Place of practice</b>	
	Street address <i>No &amp; Street</i> _____ <i>Suburb</i> _____ <i>State</i> _____ <i>Postcode</i> _____	
	Postal address _____	
	Telephone _____ Fax _____	
	Email _____	
	<b>Capacity in which practising</b>	
<input type="checkbox"/> Barrister <input type="checkbox"/> Sole practitioner Practice name _____		
<input type="checkbox"/> Equity Partner <input type="checkbox"/> Salaried Partner Partnership name _____ <input type="checkbox"/> Legal partnership <input type="checkbox"/> Multi-disciplinary partnership		
<input type="checkbox"/> Director or officer of incorporated legal practice Name of corporation _____ ACN or ARBN _____		

	<input type="checkbox"/> Employee Name of employer _____ <input type="checkbox"/> Consultant Name of employer _____ <input type="checkbox"/> Corporate solicitor Name of employer _____ <input type="checkbox"/> Not practising
	Jurisdiction _____ Admitted as (e.g. barrister, solicitor, attorney) _____ Date of admission ____/____/_____  Jurisdiction _____ Admitted as _____ Date of admission ____/____/_____  Jurisdiction _____ Admitted as _____ Date of admission ____/____/_____ 
<b>Admission outside WA</b> Give details for each jurisdiction in which admitted If more space is required, use page 4	I <b>*do / do not</b> 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 _____ _____ Email _____
<b>Trust account</b> * Delete whichever is not applicable Give details for each trust account If more space is required, use page 4	I <b>*hold my own / am covered by my employer's</b> professional indemnity insurance in accordance with the <i>Legal Practice Act 2003</i> . I <b>*have / have not</b> complied with Law Mutual's requirements.
<b>Professional indemnity insurance</b> * Delete whichever is not applicable	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> ) <b>*has / has not</b> 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
<b>Complaints</b> * Delete whichever is not applicable	I <b>*am / am not</b> an insolvent under administration within the meaning of the Corporations Act ( <i>this includes being bankrupt</i> ). I <b>*am / am not</b> a legal practitioner director of an incorporated legal practice that is insolvent within the meaning of the Corporations Act. If yes, give details _____ _____ _____
<b>Fitness, capacity and solvency</b>	I <b>*am / am not</b> in prison. If yes, give details _____ _____

<p><i>* Delete whichever is not applicable</i></p> <p><i>If more space is required, use page 4</i></p>	<p>Payment to accompany application</p> <p>Practice certificate fee \$ _____</p> <p>Guarantee Fund contribution \$ _____</p> <p>(Contribution No. _____)</p> <p>Total \$ _____</p> <p>Method of payment</p> <p><input type="checkbox"/> Cheque      <input type="checkbox"/> Cash      <input type="checkbox"/> Electronic funds transfer</p> <p><input type="checkbox"/> Credit Card</p> <p>Name on card _____</p> <p>Card No. _____</p> <p>Expiry date ____/20 ____</p> <p>Card holder's signature _____</p>
<p><b>Payment</b></p>	<p><b>I confirm that —</b></p> <ul style="list-style-type: none"> <li>• <b>I am not struck off, suspended, disqualified or otherwise prohibited from engaging in legal practice in WA or in any other place; 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>
<p><b>Confirmation</b></p>	<p>Signature _____</p> <p>Date     /     /20</p>
<p><b>Additional information if required</b></p>	

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Made by the Legal Practice Board under section 252.

ANNA LISCIA, Member.

IAN WELDON, Member.

GREG McINTYRE, Member.

JOHN SYMINTON, Member.

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