
JUSTICE

JU101

PRINTERS CORRECTION

Legal Practice Act 2003

Legal Practice Board Amendment Rules (No. 2) 2005

An error occurred in the notice published under the above heading on page 1170 of *Government Gazette* No. 56 dated 12 April 2005 and is corrected as follows.

At page 1171 to 1173 delete the table "Application for practice certificate" and insert the following table—

“

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 _____ <i>Suburb State Postcode</i>	
	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	
	Street address No & Street _____ <i>Suburb State Postcode</i>	
	Postal address _____	
	Telephone _____	Fax _____
	Email _____	
	Capacity in which practising	
<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		

<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 (e.g. barrister, solicitor, attorney) _____ Date of admission ____/____/____</p> <p>Jurisdiction _____ Admitted as _____ Date of admission ____/____/____</p> <p>Jurisdiction _____ Admitted as _____ Date of admission ____/____/____</p>
<p>Trust account * Delete whichever is not applicable Give details for each trust account If more space is required, use page 4</p>	<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 ____/____/____</p> <p>Auditor Name _____ Firm/company _____ Address _____ Email _____</p>
<p>Professional indemnity insurance * Delete whichever is not applicable</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>. I *have / have not complied with Law Mutual's requirements.</p>
<p>Complaints * Delete whichever is not applicable</p>	<p>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 ____/____/____</p> <p>Fine <input type="checkbox"/> fined \$ _____ <input type="checkbox"/> no fine <input type="checkbox"/> paid on ____/____/20____ <input type="checkbox"/> not paid</p> <p>Costs <input type="checkbox"/> ordered to pay \$ _____ <input type="checkbox"/> no order <input type="checkbox"/> paid on ____/____/20____ <input type="checkbox"/> not paid</p> <p>Expenses <input type="checkbox"/> ordered to pay \$ _____ <input type="checkbox"/> no order <input type="checkbox"/> paid on ____/____/20____ <input type="checkbox"/> not paid</p>
<p>Fitness, capacity and solvency * Delete whichever is not applicable If more space is required, use page 4</p>	<p>I *am / am not an insolvent under administration within the meaning of the Corporations Act (this includes being bankrupt). 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> <p>I *am / am not in prison. If yes, give details _____ _____</p>

Payment	<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>
Confirmation	<p>I confirm that —</p> <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. <p>Signature _____</p> <p>Date ____ / ____ /20 ____</p>
Additional information if required	<p>_____</p>