

LIV ACCREDITED SPECIALISATION

Our expertise is developing yours.



**Law
Institute
Victoria**

Accredited Specialisation 2011 Re-accreditation Application form

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APPLICATION FOR RE-ACCREDITATION AS AN SPECIALIST

Specialty Area of Practice	
Date of Initial Accreditation	
Full Name	
Name as you wish it to appear on your certificate	
Name of firm or organisation	
Office address or DX address	
Telephone	
E-mail	(personal / shared)
Mailing address <small>(All correspondence will be sent to this address. Please write 'as above' if same as office or DX address)</small>	
LIV member Number	

ELIGIBILITY FOR ACCREDITATION

Please circle "yes" or "no" for each of the following statements.

- Yes / No I am a member of the Law Institute of Victoria
- Yes / No I hold a current practising certificate
- Yes / No In each of the three years immediately preceding this re-accreditation application, I have been engaged in this area of practice
- Yes / No The time I have devoted to this area of practice in each year of that 3-year period is at least 25 per cent of the time required to conduct a full-time practice
- Yes / No I certify that I am qualified and entitled to seek re-accreditation
- OR
- Yes / No Because I cannot satisfy fully the prescribed standards, I request the Specialisation Board exercise its discretion to accept my application for re-accreditation

*Note: An applicant who is not able to satisfy fully the standards concerning re-accreditation may be re-accredited only at the discretion of the Specialisation Board. A request for the Board to exercise its discretion must be made in conjunction with this application and must be accompanied by a comprehensive curriculum vitae and supporting documentation.

For assistance, ph 9607 9461

PRACTICE DETAILS

Per section 5.10.5 of the *Specialisation Scheme Rules*, all applicants for re-accreditation must report to the Specialisation Board:

- (a) all findings of misconduct or unsatisfactory conduct made against them in accordance with section 137 of the *Legal Practice Act 1996*, section 4.4.2 and 4.4.3 of the *Legal Profession Act 2004* or at common law.
- (b) any convictions of a state or federal court made against them involving dishonesty or moral turpitude.

If you have anything to report, please note it here:

Please list your employment over the past three years:

Dates(s)	Position/firm	Full-Time/ Part-Time*

*Note: Provide details on a separate sheet explaining the circumstances of any part-time positions listed.

The time I have devoted to this area of practice in each of the past three years is as follows:

Year	Approximate percentage of full-time practice
	%
	%
	%

A brief description of the nature of my practice over the past three years is as follows:

REFEREES

I submit the names and particulars of the following persons who can attest to my continued involvement and my competence in this area of practice.

Written references from the referees need not be submitted at this time. The Specialisation Board retains the right to contact any of the referees listed.

Note:

- 1 Referees are expected to provide information concerning this application to the Specialisation Board on a confidential basis if requested to do so.
- 2 Referees must have known the applicant for at least three years.
- 3 At least one referee *must* be a legal practitioner with at least five years' experience in practice, who is significantly involved in the area of practice. A referee who is not a legal practitioner must have appropriate experience in a field closely related to the area of practice.
- 4 None of the following is eligible to act as a referee:
 - Partner, associate, employer, employee, (ie another member of the applicant's firm) or relative of the Accredited Specialist
 - Specialisation Board member or member of the Advisory Committee in the area of practice
 - Staff member of Law Institute of Victoria Ltd.

1 Name _____
Accredited Specialist in area of practice Yes / No _____
Occupation / Position _____
Firm/Employer _____
Address _____
_____ DX _____
Preferred telephone _____

2 Name _____
Accredited Specialist in area of practice Yes / No _____
Occupation / Position _____
Firm/Employer _____
Address _____
_____ DX _____
Preferred telephone _____

3 Name _____
Accredited Specialist in area of practice Yes / No _____
Occupation / Position _____
Firm/Employer _____
Address _____
_____ DX _____
Preferred telephone _____

DECLARATION

- Yes / No I have satisfied the continuing professional development requirements for maintaining specialist accreditation for the past 3 years, and I agree to submit evidence of my participation in continuing professional development during that period if required to do so.
- Yes / No I have read the *Specialisation Scheme Rules* and agree to be bound by those Rules, as amended from time to time.
- Yes/No I consent to the Specialisation Board making such enquiries as it sees fit to determine my eligibility and my suitability for re-accreditation as a specialist.
- Yes / No I agree to attend a personal interview before the Specialisation Board of the Law Institute of Victoria if requested.
- Yes / No I agree to abide by all rules and standards set by the Specialisation Board of the Law Institute of Victoria, as amended from time to time.
- Yes / No I authorise the Specialisation Board and/or its nominated agents to make all necessary inquiries with the legal Services Board and/or Legal Services Commissioner and/or Law Institute of Victoria Limited or equivalent state or territory body in relation to any findings of unsatisfactory conduct or misconduct which may have been made against me. (Note: if you do not provide the authorisation requested, the Specialisation Board may decline your application).
- Yes / No In the event that the Specialisation Board and/or its nominated agents requires the release of information by the Legal Services Board, Legal Services Commissioner, Law Institute of Victoria Limited or equivalent state or territory body, I undertake to provide all necessary consents and approvals to obtain any information concerning any findings of unsatisfactory conduct or misconduct under the *Legal Practice Act 1996*, *Legal Professions Act 2004* or equivalent legislation of any state or territory body. (Note: if you do not provide the undertaking requested, the Specialisation Board may decline your application).

I declare the contents of this application for re-accreditation to be true.

Signature of Applicant _____ Date _____

This application form should be returned to

Accredited Specialisation
Law Institute of Victoria
G.P.O. Box 263C
MELBOURNE VIC 3001 or

DX 350 MELBOURNE or

Fax: 9607 9404