

Accredited Specialisation Re-Accreditation Application Form 2020



**LAW
INSTITUTE
VICTORIA**



Send completed form to special@liv.asn.au

Inquiries: Accredited Specialisation
03 9607 9461 | special@liv.asn.au
www.liv.asn.au/Specialisation

Re-accréditation

Specialty area of practice

Date of initial Accreditation

Applicant details

LIV membership number (if applicable)

First name

Surname

Your name as you wish it to appear on your certificate

Organisation

Mailing address (general mail)

Postcode

DX number (if applicable)

DX location

Phone

Email (shared or personal):

Eligibility for Re-accréditation

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-accréditation 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-accréditation

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-accréditation

***Note:** An applicant who is not able to satisfy fully the standards concerning re-accréditation may be re-accrédited 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.

Accredited Specialisation Re-application Form (continued)

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 applicant;
 - Specialisation Board member or member of the Advisory Committee in the area of practice;
 - Staff member of the Law Institute of Victoria Ltd.

Referee 1

First name	Surname
Profession/Occupation	Position
Organisation/Firm/Employer	
Address	Postcode
Phone	
DX number (if applicable)	DX location

Referee 2

First name	Surname
Profession/Occupation	Position
Organisation/Firm/Employer	
Address	Postcode
Phone	
DX number (if applicable)	DX location

Referee 3

First name	Surname
Profession/Occupation	Position
Organisation/Firm/Employer	
Address	Postcode
Phone	
DX number (if applicable)	DX location

Accredited Specialisation Re-application Form (continued)

Declaration

- 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.
- I have read the Specialisation Scheme Rules and agree to be bound by those Rules, as amended from time to time.
- 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.
- I agree to attend a personal interview before the Specialisation Board of the Law Institute of Victoria if requested.
- 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.
- 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).
- 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, Legal Profession Uniform Law Act 2014 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

Return form to:

Accredited Specialisation, Law Institute of Victoria

E: special@liv.asn.au | T: 03 9607 9461

Privacy Statement: The Law Institute of Victoria ("the LIV") protects the privacy and security of information provided by you. By completing this form, you agree to the use of your personal information by the LIV: to process your registration form; to contact you about our products and services; to disclose to third parties providing services to the LIV; and for internal purposes. For more information on our privacy policy visit www.liv.asn.au/privpolicy.html. If you do not wish to receive further information of this type please contact us at members@liv.asn.au or 9607 9470. **Date of Issue:** 06/04/2020