



# Accredited Specialisation Application Form 2020

Special consideration applications close on Friday 15 May 2020  
and all other applications close on Friday 29 May 2020  
at 4pm for the 2020 program

Send completed form to [special@liv.asn.au](mailto:special@liv.asn.au) or Fax to 03 9607 9404

**Inquiries:** Accredited Specialisation  
03 9607 9461 | [special@liv.asn.au](mailto:special@liv.asn.au)  
[www.liv.asn.au/Specialisation](http://www.liv.asn.au/Specialisation)

## Application

Standard  Special Consideration

## Specialisation Area

Please tick the area of Accredited Specialisation that you are applying for:

Children's  Commercial  Commercial Litigation  Criminal  Environment & Planning  
 Immigration  Wills & Estates  Workplace Relations

## 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

Nominated results address (all confidential mail)

Postcode

DX number (if applicable)

DX location

Phone

Email ( shared or  personal):

## Eligibility for Accreditation

Please tick "yes" or "no" for each of the following statements:

- Yes  No I am a member of the LIV.
- Yes  No I hold a current practising certificate.
- Yes  No I have been engaged in legal work after admission to practise for a total period equivalent to at least five years' full-time practice.
- Yes  No In each of the three years immediately preceding this 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 three-year period is at least 25 per cent of the time required to conduct a full-time practice.
- Yes\*  No Because I cannot fully satisfy the prescribed conditions concerning eligibility, I request the Specialisation Board to exercise its discretion to accept my application.

### \*Note: Discretion of the Specialisation Board.

In exceptional circumstances, an applicant who cannot fully satisfy the conditions concerning:

(a) years of experience in practice, or

(b) level of involvement in the area of practice, may be accepted as a candidate at the discretion of the Specialisation Board.

A written request that the board exercise its discretion to accept the application should be submitted with this application. The submission should include a comprehensive curriculum vitae and supporting documentation. A fee of \$220 will be charged for applications that require discretion. This amount will be deducted from the application fee if the application is successful.

For assistance phone 03 9607 9461

# Accredited Specialisation Application Form (continued)

## Experience in Practice Details

1. I was admitted to practice in Australia in the city of: \_\_\_\_\_ Date \_\_\_\_\_

2. If first admitted in another country, please provide details: \_\_\_\_\_ Date \_\_\_\_\_

3. I have gained my experience in practice with the firms and organisations listed below:

Firm/Organisation	Dates/Years	Full-time/Part-time*
		<input type="radio"/> Full-time <input type="radio"/> Part-time
		<input type="radio"/> Full-time <input type="radio"/> Part-time
		<input type="radio"/> Full-time <input type="radio"/> Part-time
		<input type="radio"/> Full-time <input type="radio"/> Part-time
		<input type="radio"/> Full-time <input type="radio"/> Part-time
		<input type="radio"/> Full-time <input type="radio"/> Part-time
		<input type="radio"/> Full-time <input type="radio"/> Part-time

\*Note: Include at least the most recent five years in practice. Please provide details on a separate sheet explaining the circumstances surrounding any part-time positions listed.

4. The time I have devoted to this area of practice in each of the following years is (approximate percentage of full-time practice):

2019:  %    2018:  %    2017:  %    2016:  %

Note: Please provide details on a separate sheet if you have not been continuously in practice over the past three years.

5. I am currently accredited as a specialist in the following area(s) of practice:

Note: A practitioner who seeks accreditation in more than two areas of practice must obtain the permission of the Board before undertaking any further assessment.

## Referees

I submit three written references from persons listed below who can attest to my competence and my involvement in this area of practice. Referees must complete the Accredited Specialisation Reference Form (see attached).

### Note:

- Referees are expected to provide information concerning this application to the Specialisation Board on a confidential basis if requested to do so.
- Referees must have known the applicant for at least three years.
- 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.
- 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
  - Current applicant in the same area of law, or
  - Staff member of the LIV.

### Referee 1

First name \_\_\_\_\_ Surname \_\_\_\_\_

Profession/Occupation \_\_\_\_\_ Position \_\_\_\_\_

Organisation/Firm/Employer \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_

DX number (if applicable) \_\_\_\_\_ DX location \_\_\_\_\_

# Accredited Specialisation Application Form (continued)

### Referee 2

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 \_\_\_\_\_

### Application Checklist

- Completed application form.
- Three references.
- Resume of Practice which includes a history of your practice to date including areas of law that you have worked in and major projects/file types you have worked on.
- Additional material as specified.
- Payment of \$1100 (including GST) via electronic funds transfer or credit card as per the payment details below. Special consideration applications attract an assessment fee of \$220. If the application is successful the balance of the full application fee will be applied.

#### LIV Special Needs Policy:

The Law Institute of Victoria (LIV) acknowledges that suitable arrangements must be made to ensure that all people with special needs are able to participate in LIV activities. This policy has been designed to comply with the *Disability Discrimination Act 1992* (Cth) and applies to individuals who wish to attend an LIV event, LIV Continuing Professional Development (CPD) activity or apply for Accredited Specialisation. Candidates seeking *Accredited Specialisation Request for Reasonable Adjustment for Disability or Impairment* will need to complete and return the form available at [www.liv.asn.au](http://www.liv.asn.au) and provide a written request.

### Payment Details

This is not a tax invoice. A tax invoice/receipt for the actual amount paid will be forwarded on receipt of this application.

<input type="radio"/> Standard Application:	\$1100	\$
<input type="radio"/> Special Consideration Application:	Assessment fee: \$220	\$
	Balance of application fee: \$880 <small>(for special consideration applications only)</small>	\$
	<b>Total amount payable</b>	\$

**Bank:** Westpac  
**Account Name:** Law Institute of Victoria  
**BSB:** 033 000  
**Account Number:** 567470  
**Email remittance to:** [special@liv.asn.au](mailto:special@liv.asn.au)

Select type  LIV Amex  Amex  Visa  Mastercard  Diners Club or  Electronic Funds Transfer

Card number  Expiry date  /

Name on card \_\_\_\_\_ Signature of cardholder \_\_\_\_\_

**Credit card security policy:** The LIV cannot accept credit card information via email due to credit card security requirements.

# Accredited Specialisation Application Form (continued)

## Declaration

- 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 inquiries as it sees fit to determine my eligibility and my suitability for accreditation as a specialist.
- I agree to attend a personal interview before the Specialisation Board of the LIV if requested.
- I agree to abide by all rules, guidelines and standards set by the Specialisation Board of the LIV, 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, 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 Profession Uniform Law Application Act 2014 (Vic)* (or the *Legal Practice Act 1996 (Vic)* and the *Legal Profession Act 2004 (Vic)* if applicable) 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 agree that an administration fee of \$220 (GST included) will be withheld if I withdraw from the accreditation process after the application closing date and that no refund will be available under any circumstances for any withdrawal after 30 June 2020 as all examination arrangements will be finalised after this date.
- I understand that as per Specialisation Scheme rule 4.11.4 any special consideration application must be made within two days of the particular assessment which it pertains to.

I declare the contents of this application to be true.

Signature of applicant

Date

## Return form to:

Accredited Specialisation, Law Institute of Victoria

F: 03 9607 9404 | 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](http://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](mailto:members@liv.asn.au) or 9607 9470. **Date of Issue:** 27/03/2020

# Accredited Specialisation Reference Form

Reference for a legal practitioner seeking accreditation as a specialist

**Inquiries:** Accredited Specialisation  
03 9607 9461 | [special@liv.asn.au](mailto:special@liv.asn.au)  
[www.liv.asn.au/Specialisation](http://www.liv.asn.au/Specialisation)

## Applicant details

Applicant first name \_\_\_\_\_ Surname \_\_\_\_\_

Area of practice \_\_\_\_\_

The practitioner named above has applied for accreditation as a specialist under the LIV's Specialisation Scheme.

You have been nominated to attest to the applicant's competence and involvement in the area of practice. (See notes overleaf for referee eligibility guidelines)

The Board requests your cooperation in completing the statement of reference below in a frank and objective manner.

If you require more space, please attach additional sheets. After completing the statement, please return it to the applicant.

## Referee details

First name \_\_\_\_\_ Surname \_\_\_\_\_

Profession/Occupation \_\_\_\_\_ Position \_\_\_\_\_

Organisation/Firm/Employer \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

DX number (if applicable) \_\_\_\_\_ DX location \_\_\_\_\_

Phone \_\_\_\_\_

## Statement of reference

1. Please tick and fill in the appropriate boxes below:

- (a)  Yes  No I am a legal practitioner with five years' experience.  
 Yes  No I am significantly involved in the area of practice under consideration (at least 25 per cent).  
 Yes  No I am a practising solicitor.  
 Yes  No I am a barrister of the Victorian Bar.

or (b)  Yes  No I am not a legal practitioner, but a person with a significant involvement in the field under consideration.

Please specify: \_\_\_\_\_

2. I have known the applicant since (please enter date): \_\_\_\_\_

3. I have formed the following opinion of the applicant's competence in this area of practice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I have had the following opportunities to form this opinion (Please provide details of the specific circumstances and frequency of contact with the applicant): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Accredited specialisation reference Form (continued)

## Declaration

I certify that the information in this statement is given from personal knowledge and is true and correct in every particular.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please note:** Please return this statement to the applicant and not the Law Institute of Victoria.

## Notes: referee eligibility guidelines

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, (i.e. 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
  - Current applicant in the same area of law, or
  - Staff member of Law Institute of Victoria Ltd.

## Return form to:

**Accredited Specialisation, Law Institute of Victoria**

F: 03 9607 9404 | E: [special@liv.asn.au](mailto: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](http://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](mailto:members@liv.asn.au) or 9607 9470. **Date of Issue:** 27/03/2020