

# APPLICATION FOR ACCREDITATION SPECIALIST EXAM 2021

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Family Law

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# Application for Accreditation Specialist Exam 2021

## FAMILY LAW

Please complete this form in its entirety and return to  
[accreditation@lawsocietywa.asn.au](mailto:accreditation@lawsocietywa.asn.au)

### CONTACT DETAILS

<b>ONLINE:</b>	lawsocietywa.asn.au	<b>EMAIL:</b>	accreditation@lawsocietywa.asn.au
<b>FAX:</b>	(08) 9324 8699	<b>ENQUIRIES:</b>	(08) 9324 8600
<b>MAIL:</b>	The Law Society of Western Australia PO Box Z5345, Perth WA 6831 (DX 173 PERTH)	<b>IN PERSON:</b>	The Law Society of Western Australia, Level 4, 160 St Georges Terrace Perth WA 6000

The following information is required for the application:

### GENERAL INFORMATION

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

DX/Postal Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

For administrative purposes only, please indicate if you have previously undertaken the accreditation process in Family Law.  YES  NO

If yes, what year: \_\_\_\_\_

### PROCEDURE

Applications are due by **4.00pm Friday, 14 May 2021**. Late applications will not be accepted.

For payment options, please see below.

**Applications will not be accepted unless accompanied by full payment.**

### PAYMENT

The application fee is \$1100 (inclusive of GST). A tax invoice will be posted once application is confirmed. Cancellations received prior to 1 June 2021 will incur a \$150.00 administration fee. No refund will be available for cancellations received after 1 June 2021.

#### Payment may be made:

##### By bank transfer

Account: The Law Society of Western Australia  
BSB: 306-089  
Account: 4173362  
Remittance Advice to: [accounts@lawsocietywa.asn.au](mailto:accounts@lawsocietywa.asn.au)

Or:

##### By credit card:

Please telephone the Law Society on (08) 9324 8600

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### ELIGIBILITY CRITERIA

- I hold a current practicing certificate  YES  NO
- I have been engaged in the practice of law\* on a full-time basis for at least five years\*\*  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 the past three years is not less than 25% of the time required to conduct a full-time practice  YES  NO
- I am a financial member of the Law Society of Western Australia  YES  NO
- I have provided the names of at least three referees who can attest to my involvement and competence in the area of Family Law practice  YES  NO
- I certify that I am qualified and entitled to seek accreditation;  
or  
Because I cannot fully satisfy the prescribed standards I request the Specialist Accreditation Committee exercise the discretion to accept by application  YES  NO

#### Please note:

An applicant who is not able to satisfy fully the standards concerning years of experience in practice and level of involvement in the area of practice may be accepted as a candidate at the discretion of the Accreditation Committee. Please see page 2 of the **Accredited Specialisation Application Guidelines and Application for the Committee's Discretion** document for further information that must be supplied with this form.

For assistance please contact The Law Society on: [accreditation@lawsocietywa.asn.au](mailto:accreditation@lawsocietywa.asn.au)

\*Practice of Law does not include pre-admission experience

\*\*"Years" run from the date of commencement of practice to 30 June 2019.

### EXPERIENCE IN PRACTICE/PRACTICE DETAILS

I was admitted to practice in \_\_\_\_\_ on \_\_\_\_\_

I have been engaged in my current position for \_\_\_\_\_ years \_\_\_\_\_ months

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

Year Approximate % of full-time practice

2018 \_\_\_\_\_ %

2019 \_\_\_\_\_ %

2020 \_\_\_\_\_ %

I submit the following to substantiate my assertion that I have been engaged in the full-time practice of law for five years:

### STUDY GROUP OPTION

I consent to my name being disclosed to fellow candidates for the purpose of forming study groups  YES  NO

#### Note:

Candidates interested in forming study groups will be sent a contact list of fellow candidates and are expected to form their own study groups.

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### REFERENCES

Applicants are urged to consider carefully when selecting their (minimum) three referees. It is important that the referees can attest to the applicant's involvement and competence of tasks as outlined in the *Accredited Specialisation Performance standards* ("the Standards"). Please refer to the Standards for more information. Please be sure to include full name and accurate details to ensure that your referees are able to be contacted.

#### REFEREE 1

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Name of Firm: \_\_\_\_\_  
DX/Postal Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

#### REFEREE 2

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Name of Firm: \_\_\_\_\_  
DX/Postal Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

#### REFEREE 3

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Name of Firm: \_\_\_\_\_  
DX/Postal Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

### DECLARATION & SIGNATURE

I have read the Accreditation Booklet - Family Law and am qualified and entitled to seek accreditation.

I consent to the Accreditation Committee of the Law Society of Western Australia ("the Committee") making such enquiries as it sees fit to determine my eligibility and suitability for accreditation as a specialist.

I consent to the Legal Practice Board of Western Australia releasing to the Committee any information concerning my professional conduct, provided that the information is not the subject of statutory restrictions on passing on information.

I agree to be bound by the decisions of the Committee subject to my right of appeal. If accredited, I agree to abide by all the rules set by the Committee. The contents of this application are true and correct

Full name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_