

APPLICATION FOR ACCREDITATION SPECIALIST EXAM 2023

Family Law

Application for Accreditation Specialist Exam 2023

FAMILY LAW

Please complete this form in its entirety and return to
accreditation@lawsocietywa.asn.au

CONTACT DETAILS

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

The following information is required for the application:

GENERAL INFORMATION

Title: _____ First Name: _____ Surname: _____

Name of Firm: _____

DX/Postal Address: _____

Phone: _____ 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 Monday, 3 April 2023**. 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 \$ TBC (inclusive of GST). A tax invoice will be posted once application is confirmed. Cancellations received prior to Thursday, 1 June 2023 will incur a \$ TBC administration fee. No refund will be available for cancellations received after Thursday, 1 June 2023.

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

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	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have been engaged in the practice of law* on a full-time basis for at least five years**	<input type="checkbox"/> YES	<input type="checkbox"/> NO
In each of the three years immediately preceding this application, I have been engaged in this area of practice	<input type="checkbox"/> YES	<input type="checkbox"/> 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	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I am a financial member of the Law Society of Western Australia	<input type="checkbox"/> YES	<input type="checkbox"/> 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	<input type="checkbox"/> YES	<input type="checkbox"/> 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		
<input type="checkbox"/> YES <input type="checkbox"/> 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

*Practice of Law does not include pre-admission experience

**"Years" run from the date of commencement of practice to 30 June 2023.

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	
2020	_____ %	
2021	_____ %	
2022	_____ %	

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	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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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: _____