

Application Form for Approval of the **Legal Practice Management Course (LPMC)** as Training - for the purpose of the Law Mutual Risk Management Discount



(use this form only for the College of Law's LPMC)

**APPLICATION FOR APPROVAL OF TRAINING**

**POST:** Law Mutual (WA)  
PO BOX Z5345, PERTH WA 6831

**EMAIL:** risk@lawmutualwa.com.au

**IN PERSON:** The Law Society of Western Australia  
Level 4, 160 St Georges Terrace  
Perth WA 6000

**ENQUIRIES:** (08) 9481 3111

**1. APPLICANT**

Surname:  Given Name

Practitioner Identification Number:

Name of **current** Practice/Firm (if any):

Phone:  Email:

**2. DETAILS OF TRAINING**

Date(s) of Training (i.e when LPMC will be undertaken):

**3. CONSENT TO THE RELEASE OF INFORMATION**

By signing this Application Form, the Applicant consents to the College of Law providing notification to Law Mutual that the Applicant has attended the LPMC workshops.

Signed by Applicant:

Date:

**Note:**

- This Application Form should be provided to Law Mutual prior to commencement of the LPMC.
- Law Mutual will provide the College of Law a copy of this Application Form which evidences your consent to the College notifying Law Mutual of your attendance at the LPMC workshops.
- Law Mutual (WA) will receive notification from the College of Law of the practitioner's attendance at the LPMC workshops. The training will be recorded for the purposes of the risk management discount upon the receipt of such notice.
- Please refer to the Law Mutual (WA) website for full details of the risk management discount including in which insurance year the discount will apply.