

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



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 must 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.