

ACL Costs Lawyer Qualification Application Form



Deadline for applications: 29 November 2019

Part 1: Personal Details

Title:

Surname/Family Name:

Forenames:

Gender:

Date of Birth:

Nationality:

Country Of Birth:

Marital Status

Address:

Town:

County:

Country:

Postcode:

Telephone Number:

Email Address:

Preferred Contact
Address (work or home)

Part 2: Educational Background

Name of last institution attended:

From:

To:

Part 2: Employment Details

Please provide information about your work experience starting with your current employment details (or most recent). If you wish to evidence prior practice as part of (or all of) the 3-year supervised practice requirement you should include information covering that period.

Dates of Employment		Employed or Self-Employed?
From:	To:	

Employer Name:	
Address:	

Town:		County:	
Country:		Postcode:	

Telephone Number:	
Work Email Address	

Job title and nature of duties

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Hours worked per week	Hours wholly of a costs nature per week

Supervisor's legal name, qualification and job title/position

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Dates of Employment

Employed or Self-Employed?

From:	To:	
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Employer Name:

Address:

Town:

County:

Country:

Postcode:

Telephone Number:

Work Email Address

Job title and nature of duties

Hours worked per week

Hours wholly of a costs nature per week

Supervisor's legal name, qualification and job title/position

Dates of Employment

Employed or Self-Employed?

From:	To:	
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Employer Name:

Address:

Town:

County:

Country:

Postcode:

Telephone Number:

Work Email Address

Job title and nature of duties

Hours worked per week

Hours wholly of a costs nature per week

Supervisor's legal name, qualification and job title/position

Area of Practice

Tick the boxes below to indicate which type of costs practice you work in at present.

Paying Party

Court of Protection

Receiving Party

Supreme Court

Both Paying and Receiving Party

Tribunal(s)

Clinical Negligence

Legal Aid

Personal Injury

Practice Management

Group Action

Other

If you have ticked 'other' please specify

Please tick the boxes below to indicate which type of practice you work in at present.

Costs firm with a costs Lawyer	<input type="checkbox"/>	Costs firm with no costs lawyer	<input type="checkbox"/>
SRA regulated firm 0-20 partners	<input type="checkbox"/>	Commercial company	<input type="checkbox"/>
SRA regulated firm 20+ partners	<input type="checkbox"/>	Government department	<input type="checkbox"/>
CILEx Regulated Firm	<input type="checkbox"/>	Self employed	<input type="checkbox"/>
Local authority	<input type="checkbox"/>	Other legal organisation	<input type="checkbox"/>

Tick the boxes below to indicate how much experience you have in costs law and practice.

Less than 1 year	<input type="checkbox"/>	1-3 Years	<input type="checkbox"/>
4-7 years	<input type="checkbox"/>	8-11 Years	<input type="checkbox"/>
12-15 years	<input type="checkbox"/>	16+ Years	<input type="checkbox"/>

Part 3: Evidencing Supervised Practice

Please indicate how you wish to evidence your three years SP at the time of registration

Prior to Study (Entirely)	<input type="checkbox"/>	Prior to Study (Partially)	<input type="checkbox"/>
Concurrent to Study (Entirely)	<input type="checkbox"/>	Concurrent to Study (Partially)	<input type="checkbox"/>
Post Study (Entirely)	<input type="checkbox"/>	Post Study (Partially)	<input type="checkbox"/>

Please tick this box if you will require a supervised practice tutor

You must have completed 3 years' qualifying employment to be eligible to apply for a practicing certificate. In relation to each role you undertook in the last three years you should provide the following information:

An outline of the work and/or drafting you undertook.
An outline of what your typical caseload was in each role.

Outline whether you had to research or refer to substantive law in your daily duties.

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Details of the arrangements for supervising and monitoring your work. You should state whether your work is/was/will be supervised by a legally qualified person.

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Part 4: References

Please give the name and address, with telephone number, of your two referees (one professional and one character) who would be prepared to write in support of your application.

Name:

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Professional or
Character:

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Address:

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Town:

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County:

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Country:

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Postcode:

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Telephone Number:

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Work Email Address

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Name:

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Professional or
Character:

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Address:

Town:

County:

Country:

Postcode:

Telephone Number:

Work Email Address

Part 5: Unit 1 Option Choices

Please select **two options** from the following modules:

Module title

Land Law

Family Law

Criminal Law

Company and Commercial

Please tick

Part 6: Exemption Application

You must be confident that you could pass the assessment for any of the modules from which you are applying for exemption because the material in these modules may be built upon in the later stages of the qualification. Please indicate if you wish to make an application for exemptions.

Yes No

Please indicate if the exemptions you wish to apply for are for a listed qualification that may lead to an exemption from an entire unit. A Listed Qualification is one that is recognised under the ACL Training Exemption Policy.

Yes No

If applying for a unit exemption, please indicate which qualifications you have and which exemptions you are applying for:

Which qualification(s) do you hold?	Please tick	Please state which unit you are applying for an exemption from
Qualifying Law Degree	<input type="checkbox"/>	
Graduate Diploma in Law	<input type="checkbox"/>	
Common Professional Examination	<input type="checkbox"/>	
Law Society Legal Practice Course	<input type="checkbox"/>	
Bar Professional Training Qualification	<input type="checkbox"/>	

If you are applying for a partial exemption from a unit and/or based on a qualification which is not a listed qualification in the ACLT policy please complete the separate application form:

[https://www.associationofcostslawyers.co.uk/write/MediaUploads/ACLT%20Regulations/ACLT Exemption Application Form 2019 v1.0.pdf](https://www.associationofcostslawyers.co.uk/write/MediaUploads/ACLT%20Regulations/ACLT%20Exemption%20Application%20Form%202019%20v1.0.pdf)

Part 7: Application Checklist

Please check that you have included the following with your application
Included

- The name, address and phone number of two referees
- Documentary evidence of qualifications (please send certified copies of certificates)
- Your curriculum vitae
- Payment of the £50 administration fee (cheque payable to ACL Training)
- Please tick this box if you are applying for exemptions and have enclosed the fee of £100 per unit or £25 per module.

Part 8: Special Requirements

Please state any condition which might necessitate special arrangements or facilities

Part 9: Prior Conduct

Please answer the following questions. If the answer is yes to any of the questions provide details in the space provided.

Has any decision ever been made against you (whether currently under appeal or not) excluding or expelling you from any professional body? Yes No

Have any proceedings been taken against you under the Solicitors Act 1974, including under section 43 which provides for control of the employment for solicitors' staff? Yes No

Has a declaration of bankruptcy been made against you or have you made any arrangement with your creditors? Yes No

Are there any outstanding judgments or orders of the court against you? Yes No

Has a caution or conviction been recorded against you in the UK or elsewhere (other than a motoring offence not resulting in disqualification)? (This declaration is subject to the provisions of the Rehabilitation of Offenders Act 1974) Yes No

Has an order been made against you by the Legal Ombudsman? Yes No

If the answer to any of the above questions is 'Yes', please give further details below.

Part 10: Declaration

I declare that the information given in this form is correct.

Signed:

Date:

Part 11: Equality, Diversity and Social Mobility Monitoring Form (optional)

To measure the effectiveness of its equal opportunities, ACL needs to carry out detailed monitoring of the diversity of those qualifying. You are therefore asked to complete the questionnaire below.

Are you currently pregnant or have you had a baby in the past 12 months? Please tick the appropriate box.

Yes No Would rather not say

What is your marital status? Please tick one box only.

Married	<input type="checkbox"/>	Other	<input type="checkbox"/>
Civil Partnership	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Single	<input type="checkbox"/>		

Do you have a disability? Please tick the appropriate box.

Yes No Would rather not say

If you have a disability, please tick the appropriate box.

Blind/Partially sighted	<input type="checkbox"/>	Multiple Disabilities	<input type="checkbox"/>
Deaf/Hearing impairment	<input type="checkbox"/>	Autistic Spectrum Disorder	<input type="checkbox"/>
Wheelchair user/Mobility difficulty	<input type="checkbox"/>	Unseen disability (eg Asthma)	<input type="checkbox"/>
Personal care support	<input type="checkbox"/>	A Specific Learning Difficulty eg Dyslexia	<input type="checkbox"/>
Mental Health difficulty	<input type="checkbox"/>	A Disability not listed	<input type="checkbox"/>
Information Refused	<input type="checkbox"/>		

What is your religion or belief? Please tick the appropriate box.

None	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	A religion not listed	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Information Refused	<input type="checkbox"/>

How would you describe your ethnic origin? Please tick one box only.

White	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>
Black or Black British - Caribbean	<input type="checkbox"/>	Mixed White and Black Caribbean	<input type="checkbox"/>
Black or Black British - African	<input type="checkbox"/>	Mixed White and Black African	<input type="checkbox"/>
Other black background	<input type="checkbox"/>	Mixed - White and Asian	<input type="checkbox"/>
Asian or Asian British-Indian	<input type="checkbox"/>	Mixed - Other mixed background	<input type="checkbox"/>
Asian or Asian British-Pakistani	<input type="checkbox"/>	Other ethnic background	<input type="checkbox"/>