

ACLT Supervised Practice Application Form



Part 1: Personal Details

Name:	
ACLT Trainee Number:	
Job title/position (at the point of application):	

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

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

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Dates of Employment

Employed or Self-Employed?

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Country:

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Telephone Number:

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Work Email Address

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Job title and nature of duties

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Hours worked per week

--

Hours wholly of a costs nature per week

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

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Area of Practice

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

Paying Party	<input type="checkbox"/>	Court of Protection	<input type="checkbox"/>
Receiving Party	<input type="checkbox"/>	Supreme Court	<input type="checkbox"/>
Both Paying and Receiving Party	<input type="checkbox"/>	Tribunal(s)	<input type="checkbox"/>
Clinical Negligence	<input type="checkbox"/>	Legal Aid	<input type="checkbox"/>
Personal Injury	<input type="checkbox"/>	Practice Management	<input type="checkbox"/>
Group Action	<input type="checkbox"/>	Other	<input type="checkbox"/>

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.

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.

Part 4: 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 5: Declaration

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

Signed:

Date:

Part 6: 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"/>