



## ACL Costs Lawyer Training Course Application Form

### Part 1: Personal Details

Title:	<input type="text"/>		
Surname/Family Name:	<input type="text"/>		
Forenames:	<input type="text"/>		
Gender:	<input type="text"/>	Date of Birth:	<input type="text"/>
Nationality:	<input type="text"/>	Country Of Birth:	<input type="text"/>
Marital Status	<input type="text"/>		
Home Address:	<input type="text"/>		
Town:	<input type="text"/>		
County	<input type="text"/>		
Country	<input type="text"/>		
Postcode:	<input type="text"/>		
Telephone Number:	<input type="text"/>		
Email Address:	<input type="text"/>		
Preferred Contact Address (work or home)	<input type="text"/>		

### Part 2: Educational Background

Name of last institution attended: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_



## Part 2: Employment Details

Please provide information about your costs 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 requirement you should include information covering that period.

Employed or Self-Employed?

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

From	To
<input type="text"/>	<input type="text"/>

Employed or Self-Employed?

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Employer Name:

--

Address:

--

Town:

--

County

--

Country:

--

Postcode:

--

Telephone Number:

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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

From		To	
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Employed or Self-Employed?

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Employer Name:

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Address:

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Town:

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County

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Country:	
Postcode:	
Telephone Number:	
Work Email Address	

**Job title and nature of duties**

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**Hours worked per week**

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

--

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

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**Dates of Employment**

From		To	

**Area of Practice**

Select the option below to indicate which type of party you predominantly work for at present.

Paying Party	<input type="checkbox"/>
Receiving Party	<input type="checkbox"/>
Both Paying and Receiving Party	<input type="checkbox"/>

Tick the box below to indicate which type of costs law you predominantly work in at present.

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

**If you have ticked 'other' please specify**

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

Costs firm with a costs Lawyer  
SRA regulated firm 0-20 partners  
SRA regulated firm 20+ partners  
CILEx Regulated Firm  
Local authority

  
  
  
  

Costs firm with no costs lawyer  
Commercial company  
Government department  
Self employed  
Other legal organisation

  
  
  
  

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

Less than 1 year  
4-7 years  
12-15 years

  
  

1-3 Years  
8-11 Years  
16+ Years

  
  

**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)  
Concurrent to Study (Entirely)  
Post Study (Entirely)

  
  

Prior to Study (Partially)  
Concurrent to Study (Partially)  
Post Study (Partially)

  
  

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.**

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**An outline of what your typical caseload was in each role.**

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**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 was 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 who would be prepared to write in support of your application.

Name:	
Professional or Character:	
Address:	
Town:	
County	
Country:	
Postcode:	
Telephone Number:	
Work Email Address	

Name:	
Professional or Character:	
Address:	
Town:	

County	
Country:	
Postcode:	
Telephone Number:	
Work Email Address	

**Part 5: Application Checklist**

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

- The name, address and phone number of two referees
- Documentary evidence of the highest qualifications (photocopies will be acceptable but certificates **MUST** be certified).
- Your curriculum vitae
- Payment of the £50 administration fee (cheque payable to ACL Training Limited)

**Part 6: Special Requirements**

Please state any condition which might necessitate special arrangements or facilities

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**Part 7: 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.

## 8. Declaration

*I declare that the information given in this form is correct and request you to issue to me a Certificate of Completion of Supervised practice.*

**Signed**

**Date**

## Part 9: 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

How old are you? Please tick the appropriate box.

Under 25  25-34  35-44   
 45-54  55-64  64+

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

Married  Other   
 Civil Partnership  Prefer not to say   
 Single

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"/>
Asian or Asian British-Bangladeshi	<input type="checkbox"/>	Information refused	<input type="checkbox"/>