

ACL Costs Lawyer Qualification Application Form



Deadline for applications: 11 October 2021

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"/>
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"/>		

Part 2: Educational Background

Name of last institution attended:

From:

To:

Highest level legal qualification obtained (none, level 2, level 3, level 6, post graduate certificate, or post graduate)

Qualification*	Subject	Awarding Body	Year	Where taken	Result

* e.g. O levels, GCSEs, A levels, Access, National Diploma/Certificate, Higher National Diploma/Certificate, BA, BSc, Professional Qualifications, In-work courses. This includes any English qualifications. Applicants awaiting results should write 'pending' in the result column.

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:

Job title and brief description of 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:	

Employer Name:

Address:

Job title and brief description of nature of duties

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Hours worked per week

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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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Dates of Employment

Employed or Self-Employed?

From:	To:	
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Employer Name:

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Address:

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Job title and brief description of 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	<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 tick this box if you will require a supervised practice tutor

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"/>

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:

A <u>brief</u> outline of the work and/or drafting you undertook.
A <u>brief</u> outline of what your typical caseload was in each role.

<u>Brief</u> 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: 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.

Professional Referee

Name:

Address:

Telephone Number:

Character Referee

Name:

Address:

Telephone Number:

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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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?

Qualifying Law Degree

Graduate Diploma in Law

Please tick

<input type="checkbox"/>
<input type="checkbox"/>

Please state which unit you are applying for an exemption from

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

Common Professional Examination
 Law Society Legal Practice Course
 Bar Professional Training Qualification

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

Part 7: Special Requirements

Please state any condition which might necessitate special arrangements or facilities

Part 8: Prior Conduct

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

Have you been subject to any criminal charge, conviction or caution, subject to the Rehabilitation of Offenders Act 1974? Yes No

Have you been subject to an adjudication of bankruptcy? Yes No

Have you been granted a debt relief order? Yes No

Have you entered into an individual voluntary arrangement or a partnership voluntary arrangement? Yes No

Have you been a director of any company or partner in an LLP or partnership that has been the subject of a winding up order, an administrative order or an administrative receivership, or has otherwise been wound up or put into administration in circumstances of insolvency? Yes No

Have you been disqualified from being a company director or the trustee of a charity? Yes No

Have you been the subject of disciplinary proceedings by any regulatory or professional body?

Yes No

Have you been the subject of an adverse order or finding of a civil court or employment tribunal?

Yes No

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

Part 9: 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 your highest level qualification(s). Please send **certified copies** of certificates.

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 10: Declaration

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

Signed: _____

Date: _____

Please post this form, with supporting documentation to:
Student Applications, ACL Training, Herringbone House, Lion Road,
Palgrave, Diss, Norfolk IP22 1AL.

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.

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"/>