

STATUTORY DECLARATION UNRESTRICTED PC ENTITLEMENT



I: (full name)

of: (address)

Legal Practitioner, do solemnly and sincerely declare:

1. My first practising certificate was granted on: (date) / /
by: (name of state/territory law society)

2. Prior to my admission I completed the following practical legal training: (tick one)
 Articles of Clerkship
or
 a graduate Diploma of legal Practice from Anu / College of law / other:

or
 other: (provide details)

3. I have engaged in supervised legal practice under the supervision of an Australian legal practitioner as follows:

NAME OF EMPLOYER/FIRM	DATES OF SUPERVISED LEGAL PRACTICE (DD/MM/YY)		NAME OF SUPERVISOR
<input type="text"/>	<input type="text"/>	to <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	to <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	to <input type="text"/>	<input type="text"/>

(Letter(s) must be provided by named supervisor(s) as per the Society's [Eligibility for Unrestricted Practising Certificate Policy](#))

4. My supervisor/s held an unrestricted practising certificate at all times during their supervision of my legal practice.

5. The period of supervised legal practice was completed: (tick one only)
 on a full-time basis or on a part-time basis or included a period that was part-time as follows:

NAME OF EMPLOYER/FIRM	NO. OF HOURS PER WEEK
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



6. I did not take any period of extended leave including sick leave or unpaid leave during my employment or
 I did take extended leave during my employment, details of which are:

7. I have engaged in supervised legal practice for a period equivalent to:

- 18 months or 2 years

as calculated pursuant to Regulation 12(2) of the *Legal Profession Regulations 2007*.

DECLARATION

This declaration is true and I know it is an offence to make a statutory declaration knowing it is false in a material particular:

Declared at:

the

day of

Declared by:

(signature)

Witnessed

by:

(signature)

FULL NAME

ADDRESS

FORM LODGEMENT

Email: pcapp@lawsocietynt.asn.au **Post:** GPO Box 2388 Darwin NT 0801

In person: 3/6 Lindsay Street Darwin NT 0800



PRINT