Private Lawyer Quality Standards Unit (PLQS)

**Update Membership Form**

**Only the nominated Principal of a Law Practice or Barrister can submit this Update Membership form.**

Before completing this form please ensure any Associate being nominated below to undertake legally aided work are registered on [Grants Online](https://www.legalaid.nsw.gov.au/for-lawyers/grants) with ‘practitioner’ access, and their details are up-to-date in line with the Law Society of NSW Register.

In order for a Law Practice to be eligible for inclusion on a Legal Aid NSW panel the Law Practice must have at least one Associate who meets the [individual requirements](https://www.legalaid.nsw.gov.au/__data/assets/pdf_file/0012/41511/Legal-Aid-NSW-Quality-Standards.pdf) for that panel.

Please ensure all Associates nominated to undertake legally aided work have read the Legal Aid NSW [Quality Standards.](https://www.legalaid.nsw.gov.au/__data/assets/pdf_file/0012/41511/Legal-Aid-NSW-Quality-Standards.pdf)

Certification at the end of this form indicates that you and your Law Practice understand and will endeavour to comply with the [Legal Aid NSW Quality Standards](https://www.legalaid.nsw.gov.au/__data/assets/pdf_file/0012/41511/Legal-Aid-NSW-Quality-Standards.pdf) and [Service Agreement](https://www.legalaid.nsw.gov.au/__data/assets/pdf_file/0019/41761/Legal-Aid-NSW-Panel-Service-Agreement.pdf).

Name of Principal/Barrister: Click or tap here to enter text.

Principal of a Law Practice:  Barrister:

Name of Law Practice: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Date: Click or tap to enter a date.

# Please select ALL options that apply to your Law Practice Update Panel Membership request:

Nominate new Associate/s  with existing Panel Membership

Nominate existing Associate/s  and add additional Panel/s to Membership

# Section 1

1. **For Panels except the ICL and Care & Protection Panels**
2. Please list the Associates at your Law Practice who meet the individual requirements of the panels for which you are nominating them to undertake the work;
3. List the Panels (not ICL or Care Panels, see B and C for those) adjacent to the Associates name to which you are nominating them as eligible to undertake work.
4. Provide the Associates date of admission (DOA), along with any Specialist Accreditation they may hold; and
5. Provide the Associates NSW WWCC Employment Clearance number (ONLY where the Children’s Criminal Law Panel is nominated)

**N.B:** You are not required to nominate an Associate that will be delegated work only, i.e an Associate who does not meet the individual requirements but is able to be delegated work under some panels. Once an associate meets the individual requirements of the panel(s) please submit an Update Membership Form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Associate** | **Panels nominated**  **(existing and/or additional)** | **Date of Admission** | **Specialist Accreditation** | **Working With Children’s Check number\*** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
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\*a NSW Working With Children’s Check (WWCC) Employment Clearance number is a mandatory requirement for representation of child/ren.

**You must complete the questions in Section 2 & 3**

# Section 1 – continued

1. **For the ICL Panel**

If you would like to add the ICL Panel to your Law Practice Panel Membership:

1. Please list the Associates at your Law Practice who meet the eligibility requirements of the panel to undertake the work.
2. Indicate below that a copy of the Associates Phase 1 and Phase 2 National ICL training certificate of completion is attached to this request.
3. Provide date the Associate attended the Legal Aid NSW Nuts & Bolts training (required before eligibility can be considered) and indicate that a copy of their certificate of completion is attached to this request.
4. Provide the Associates NSW WWCC Employment Clearance number.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of eligible Associate and Date of Admission** | **National ICL Training Certificate attached**  **Yes/No** | **Attendance at Legal Aid NSW Nuts and Bolts training and certificate of completion attached**  **(Date) (Yes/No)** | | **Working with Children Check Number\* (WWCC)** |
| Click or tap here to enter text. | Yes  No | Click or tap to enter a date. | Yes  No | Click or tap here to enter text. |
| Click or tap here to enter text. | Yes  No | Click or tap to enter a date. | Yes  No | Click or tap here to enter text. |

\*a NSW Working With Children’s Check (WWCC) Employment Clearance number is a mandatory requirement for representation of child/ren.

**You must complete the questions in Section 2 & 3**

# Section 1 – continued

**C: For the Care and Protection Panel**

If you would like to add the Care and Protection Panel to your Law Practice Panel Membership:

1. Please list the Associate/s at your Law Practice who meet the eligibility requirements of the panel to undertake the work;
2. Provide date the Associate/s completed the [Care and Protection: Representing Children module](https://www.legalaid.nsw.gov.au/for-lawyers/lawyer-education-series/care-and-protection-representing-children);
3. Provide date the Associate/s completed the [Care and Protection: Representing Parents module](https://www.legalaid.nsw.gov.au/for-lawyers/lawyer-education-series/care-and-protection-representing-parents);
4. Provide date the Associate/s completed the face to face or online [Care and Protection Child Representation: Workshop](https://learning.legalaid.nsw.gov.au/courses/default.aspx?s=0) provided by Legal Aid NSW (within last two years); and
5. Provide a [referee report](https://www.legalaid.nsw.gov.au/__data/assets/pdf_file/0008/44477/Care-Protection-Panel-Referee-Questions.pdf) from another member of the Care and Protection Panel or suitable referee confirming the Associate/s have 5 years post admission experience in the Care and Protection jurisdiction. (The referee must be independent. They must not be employed by or have a commercial interest in the law practice where the practitioner/s nominated are currently employed).
6. **N.B:** You are not required to nominate an Associate that will be delegated work only, i.e an Associate who does not meet the individual requirements but is able to be delegated adult matters. Once an associate meets the individual requirements of the panel(s) please submit an Update Membership Form.

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| --- | --- | --- | --- | --- | --- |
| **Name of eligible Associate; their date of admission; and indicate if they have any Specialist Accreditation in Children’s Law** | **Provide date and confirmation the Associate has completed ALL three components of the *Care and Protection: Representing Children module*** | **Provide date and confirmation the Associate has completed ALL three components of the *Care and Protection: Representing Parents module*** | **Completed *Care and Protection Child Representation Workshop*** | **Referee *Report Attached*** | **Working with Children Check Number (WWCC)\*** |
| Click or tap here to enter text. | Click or tap to enter a date.  All 3 components completed | Click or tap to enter a date.  All 3 components completed | Click or tap to enter a date. | Yes  No | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap to enter a date.  All 3 components completed | Click or tap here to enter text.  All 3 components completed | Click or tap here to enter text. | Yes  No | Click or tap here to enter text. |

\*a NSW Working With Children’s Check (WWCC) Employment Clearance number is a mandatory requirement for representation of child/ren.

# You must complete the questions in Section 2 & 3

# Section 2 – for ALL Associates nominated, please complete the following question

Have you or any nominated associates been denied appointment or found to be ineligible to undertake legal aid work for any nominated Legal Aid NSW panel within the last six (6) months?

Yes:  No:

If yes, please provide concise submissions that address:

1. What reason did LANSW provide as to why you were denied appointment; and
2. Please outline the material change in circumstances relevant to your application. (LANSW will only consider your application if there has been a material change to the circumstances outlined in question i. above.)

Click or tap here to enter submissions.

**You must complete the questions in Section 3**

# Section 3 – for ALL Associates, please complete the following questions

1. Has the nominated Associate/s been subject of any complaint to the Office of the Legal Services Commissioner, the Law Society or the NSW Bar Association (or equivalent body in another state) or any Tribunal which resulted in
   * Being cautioned
   * Findings of unsatisfactory professional conduct or professional misconduct
   * Being reprimanded
   * Current proceedings or investigation of a complaint
   * Conditions being imposed on a practising certificate

Yes:  No:

If Yes, provide details about the complaint and concise submissions that address how, despite this disclosure, Legal Aid NSW can be confident that your Law Practice, and the listed Associate/s at your law practice, meet the Quality Standards.

Click or tap here to enter submissions.

1. Is the nominated Associate/s named as a defendant in any pending proceedings relating to an Apprehended Domestic Violence Order or Apprehended Personal Violence Order (or other state equivalent)?

Yes:  No:

1. Is the nominated Associate/s named as a defendant in a final Apprehended Domestic Violence Order or Apprehended Personal Violence Order (or other state equivalent)?

Yes:  No:

1. Does the nominated Associate/s have any criminal convictions or pending criminal charges for any other offence (except in relation to minor traffic offences)?

Yes:  No:

1. Has the nominated Associate/s who will be undertaking legally aided work, ever been removed, or suspended from any Legal Aid NSW panels?

(If yes, an application will not be considered if removal was within the last three (3) years)

Yes:  No:

If Yes to any of questions 2 to 5 above, provide details about the disclosure and concise submissions that address how, despite this disclosure, Legal Aid NSW can be confident that your Law Practice, and the listed Associates at your Law Practice, meet the Quality Standards.

Click or tap here to enter submissions.

**You must complete Section 4**

# Section 4 – Certification

**By checking "I agree" you acknowledge and certify that:**

* + **All information disclosed in this application is true and accurate at the time of submission**
  + **You understand that Legal Aid NSW may check internal and/or publicly available records to verify the accuracy of information provided in the application or requested as part of the application process**
  + **You will ensure that Associates and staff in the Law Practice have the appropriate education, training, skills, experience and meet individual panel requirements to undertake legally aided work competently**
  + **You will regularly review and consider Associates caseload to ensure that it is manageable**
  + **You will adequately supervise work done on the files by the Associates in the Law Practice**

I agree:

Date: Click or tap to enter a date.

Please email your completed form and add any attachments to: [panels@legalaid.nsw.gov.au](mailto:panels@legalaid.nsw.gov.au)