

Appendix I



LEGAL AID BOARD

Private Practitioners International Protection Scheme Application to be entered onto the Panel

Name: _____

Address _____

Tel No: _____ Fax Number: _____

Email: _____

VAT No.: _____

Please indicate which areas you are willing to serve at by placing a tick in the box of the appropriate areas below and return this list with your application.

Dublin – Smithfield Law Centre Catchment Area

Dublin, Kildare, Wicklow, Carlow, Kilkenny, Laois, Offaly, Meath, Louth, Wexford, Tipperary (except Carrick-on-Suir), Cavan, Monaghan

Galway - Seville House Law Centre Catchment Area:

Galway, Mayo, Sligo, Leitrim, Roscommon, Clare, Limerick, Donegal, Westmeath, Longford

Cork – Popes Quay Law Centre Catchment Area

Cork, Kerry, Waterford, Tipperary (Carrick on Suir only)

NB Applicants must also return the signed form of undertaking below and an up to date Tax Clearance Certificate.

Private Practitioner Scheme for International Protection (“the Scheme”)

I hereby apply to have my name entered on the Private Practitioner International Protection Panel (“the Panel”) maintained by the Legal Aid Board (“the Board”) on

foot of the Civil Legal Aid Act 1995 for which purpose I hereby apply to have the following information recorded on the Panel:

1. I confirm that I am not currently and have never been the subject of any disciplinary proceedings relating to my professional conduct before any committee, tribunal, court or other similar body, other than proceedings in which the complaint has been found to be unwarranted.
Yes ___ No ___

If "No", please provide further details on an additional page.

2. I confirm that I am willing to provide legal services in accordance with the Civil Legal Aid Act 1995 and the Terms and Conditions of the Scheme as may be determined from time to time by the Board.
Yes ___ No ___

3. I confirm that I hold a current practising certificate from the Law Society of Ireland and that I shall notify the Board immediately in the event of my ceasing to hold such a certificate at any time.
Yes ___ No ___

4. I confirm that I am covered by professional indemnity insurance for a claim of up to €1.5m and that I shall notify the Board in the event of this not being the case at any time.
Yes ___ No ___

5. I confirm that I was admitted to the Roll of Solicitors in Ireland in
____/____/____

6. I have participated in training organised by the Board for the purpose of providing legal services under this Scheme:
Yes ___ No ___

If yes please specify date(s) of training: _____

If no, do you agree to undergo such training? Yes ___ No ___

If yes, do you agree to undergo such further training as may be deemed necessary from time to time by the Board?
Yes ___ No ___

I have received formal training in refugee law: Yes ___ No ___

If yes please provide details: _____

I have practical experience in refugee law: Yes ___ No ___

If yes please provide details: _____

7. I confirm that I have access to email facilities and that the IT software used by me is compatible with Microsoft Office software and that I am willing to abide by the Board's requirement to send confidential emails using the Board's secure email facility.

Yes ___ No ___

8. I declare that I have no medical condition that would render me unfit to provide the required service. I agree to the Board reserving the right at all times to refer me to a medical practitioner in order to confirm my fitness in this respect.

Yes ___ No ___

Signed: _____ Date: _____

PLEASE COMPLETE IN BLOCK CAPITALS:

Name of solicitor to be placed on the Panel:

Address:

.....

VAT Number:

Withholding tax Number:

Tax clearance certificate enclosed: Yes ___ No ___