

AN BORD UM CHÚNAMH DLÍTHIÚIL



LEGAL AID BOARD

Coroners Inquests Solicitors Panel

Application to be entered onto the Panel

Name			
Address			
DX		Eircode	
Tel No		Fax No	
Email			
VAT No			

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

I hereby apply to have my name entered on the above Solicitors Panel ("the Panel") maintained by the Legal Aid Board ("the Board") on foot of the Civil Legal Aid Act 1995 and 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 undertake to notify the Board immediately in writing of any proceedings relating to my professional conduct which may be taken against me before any committee, tribunal, court or other similar body.

Yes ____ No ____

3. I confirm that I am willing to provide legal services in accordance
 - i. the provisions of the Act and the Regulations made thereunder
 - ii. the terms and conditions of the Panel and

iii. any relevant guidelines or directions issued by the Board from time to time

Yes ____ No ____

4. 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 ____

5. 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 ____

6. I confirm that I was admitted to the Roll of Solicitors in Ireland on

7. I confirm that I satisfy the requirements of the Board in relation to necessary experience and knowledge of coronial law and practice in Ireland.

Yes ____ No ____

I have practical experience in coronial law:

Yes ____ No ____

8. I confirm that I meet one of the following requirements (You need only satisfy one requirement to be entered onto the Panel, but please tick all applicable):

☐ I have at least three years experience in advocacy before the Courts of Ireland

☐ I have acted as an advocate in at least three inquests within the previous two years

☐ I have experience as a trainer on matters relating to coronial law or practice within the previous two years

☐ I have attended within the last year at a Law Society of Ireland accredited training event devoted to coronial law and practice for which the attendee has been awarded five or more hours CPD points

9. 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 ____

10. 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 ____

11. I undertake to notify the Board of any change in the information provided by me in relation to my application for inclusion on the panel.

Signed: _____ Date: _____

To : Legal Services
Legal Aid Board
Quay St.,
Cahirciveen,
Co. Kerry. V23 RD36
DX 166004 CAHIRCIVEEN