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| **DISTRICT COURT FAMILY LAW SOLICITORS PANEL**  **Application to be entered onto the Panel** |  |

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| Name |  | | |
| Address |  | | |
| Email |  | | |
| Telephone Number |  | VAT Number |  |

Please indicate which areas you are willing to serve at by placing a tick in the box of the appropriate areas below

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| Carlow  Cavan  Clare  Cork  Donegal  Dublin  Galway  Kerry  Kildare  Kilkenny  Laois  Leitrim  Longford |  | Louth  Limerick  Mayo  Meath  Monaghan  Offaly  Roscommon  Sligo  Tipperary  Waterford  Westmeath  Wexford  Wicklow |  |

NB: Applicants must also return the signed form of undertaking below.

I hereby apply to have my name entered on the Private Practitioners District Court 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:

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| 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.  If “No”, please provide further details on an additional page. | Yes  No |
| 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 |
| 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 |
| 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 |
| I confirm that I was admitted to the Roll of Solicitors in Ireland on: | \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ |
| I confirm that I am in compliance with the current tax clearance procedures for public sector contracts. | Yes  No |
| 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 |
| 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 |

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| Name of solicitor to be entered on panel |  |  | Date |  |
| Signature |  |  | Withholding Tax No. |  |
| Address |  |  | VAT No. |  |