**APPLICATION**

**LEGAL AID BOARD PANEL OF BARRISTERS**

I hereby apply to have my name entered on the Panel of Barristers (“the **Panel**”) maintained by the Legal Aid Board pursuant to the Civil Legal Aid Act 1995 and for which purpose I hereby apply to have the following information recorded on the Panel:

1. I can 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.

1. I confirm that I am willing to provide legal services in accordance with the Terms and Conditions set out herein.
2. I confirm that I am covered by professional indemnity insurance for a claim of up to at least €1 million and that I shall notify the Legal Aid Board in the event of this not being the case at any time.
3. I confirm that I was called to the Bar in Ireland on \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ (date).
4. I confirm that I have access to email facilities and that the IT software used by me is compatible with Microsoft Office software.
5. I confirm that I will notify the Legal Aid Board of any potential conflict of interest that I may have in representing clients of the Board.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANTS MUST SIGN THIS FORM

**Applicant Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **BL** |  | **SC** |  |
|  | Tick as appropriate | | | | |
| **Address:** |  | | | | |
|  |  | | | | |
|  |  | | | | |
|  |  | | | | |
| **Email:**  **Tel. No.:** |  | | | | |

**STATEMENT OF THE EXTENT / LIMITATIONS ON TRAVEL**

**APPLICANTS MUST COMPLETE AND RETURN THIS FORM WITH THEIR APPLICATION**

Please indicate which areas you are willing to practice at by placing an X against the appropriate areas below and return this list with your application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area** | **Available to practice** |  | **Area** | **Available to practice** |
| Carlow |  |  | Longford |  |
| Cavan |  |  | Louth |  |
| Clare |  |  | Limerick |  |
| Cork |  |  | Mayo |  |
| Donegal |  |  | Meath |  |
| Dublin North |  |  | Monaghan |  |
| Dublin South |  |  | Offaly |  |
| Dublin West |  |  | Roscommon |  |
| Galway |  |  | Sligo |  |
| Kerry |  |  | Tipperary |  |
| Kildare |  |  | Waterford |  |
| Kilkenny |  |  | Westmeath |  |
| Laois |  |  | Wexford |  |
| Leitrim |  |  | Wicklow |  |

This application form should be returned to: Legal Aid Board

(Barristers’Panel)

Quay Street

Cahirciveen

Co. Kerry