



LEGAL AID BOARD

Private Practitioner Scheme

Inquests under Part III of the Coroners Act 1962 where a request for legal aid or advice has been made to the Board by a coroner pursuant to Section 60 of the Act

Application to be entered onto the Panel

Name:

Address

DX number

Eircode

Tel No:

Fax Number:

Email:

VAT No.:

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

Private Practitioner Scheme -

I hereby apply to have my name entered on the above Private Practitioner 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 Scheme 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
[insert date]

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. Please provide (on a separate sheet) details of:

- i. Experience in a law firm (name of firm and number and type of inquests handled in last 3 years) and/or
- ii. Experience as a trainer on matters relating to coronial law and practice within the previous two years/or
- iii. Courses attended as a trainee in coronial law and practice within the last year.

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: _____