|  |  |
| --- | --- |
| **APPLICATION FORM FOR ENTRY ONTO Assisted Decision Making Solicitors Panel** |  |
| Applicants must read the terms and conditions before completing the Application Form.  This Application Form should be competed and returned to: [admcapp@legalaidboard.ie](mailto:admcapp@legalaidboard.ie) | |

SECTION A

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Name | |  |
| 2. | Address of practice (including Eircode or NI Postcode) | | |
|  |  | | |
| 3. | Contact details | | |
|  | Telephone |  | |
|  | Mobile |  | |
|  | Email |  | |
| 4. | VAT Number |  | |

SECTION B

**My experience/training in providing legal services in wardship/the area of law covered by the Assisted Decision Making (Capacity) Act**

Please provide details of experience you have in providing services to persons with wardship/the area of law covered by the Assisted Decision Making (Capacity) Act 2015 or similar/connected areas of law having regard to the criteria for entry to the Panel (including demonstration of how you meet the training requirement):

|  |
| --- |
|  |

SECTION C

|  |  |  |  |
| --- | --- | --- | --- |
| If you are willing to act in Part 5 cases, please indicate which counties within which you are willing to act at Court venues by placing an X against the appropriate areas below and return this list with your application. When doing so note the following:   * Part 6 cases will be heard by the court that admitted the ward to wardship. For this reason it is expected that all solicitors admitted to the Panel are willing to act in the Superior Courts. * Travel and subsistence expenses will not be paid on foot of this Panel. * Use of town agents is not authorised and will not be paid on foot of this Panel. | | | |
| 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 |  |  |

SECTION D

I hereby apply to have my name entered on the Assisted Decision Making Solicitors Panel pursuant to the terms and conditions maintained by the Legal Aid Board (“the Board”) on foot of the Civil Legal Aid Act 1995 to be operative as of the 26th April 2023 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.   If “No”, please provide further details on an additional page. | Yes  No | | |
| 1. 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 Panel as may be determined from time to time by the Board. | Yes  No | | |
| 1. 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 | | |
| 1. 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. |  | | |
| 1. I confirm that I was admitted to the Roll of Solicitors in Ireland in |  |  |  |
|  |  |  |
| 1. 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. I also confirm that I have access to a scanner and scanning software capable of generating Adobe PDF files. | Yes  No | | |
| 1. 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 | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  |  | Date |  |