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**Private Practitioners International Protection Scheme**

**Application to be entered onto the Panel**

**Closing Date: 4.00pm Friday 23rd October, 2020.**

|  |  |
| --- | --- |
| Name: |  |
| Address |  |
|  |  |
|  |  |
| Tel No: |  | Fax Number: |  |
| Email: |  |
| VAT No.: |  |

Please indicate which areas you are willing to serve at by placing a tick in the box of the appropriate areas below and return this list with your application.

|  |  |  |
| --- | --- | --- |
|  |  | **Dublin – Smithfield Law Centre Catchment Area**Dublin, Kildare, Wicklow, Carlow, Kilkenny, Laois, Offaly, Meath, Louth, Wexford, Tipperary (except Carrick-on-Suir), Cavan, Monaghan |
|  |  |  |
|  |  | **Galway - Seville House Law Centre Catchment Area:** Galway, Mayo, Sligo, Leitrim, Roscommon, Clare, Limerick, Donegal, Westmeath, Longford |
|  |  |  |
|  |  | **Cork – Popes Quay Law Centre Catchment Area**Cork, Kerry, Waterford, Tipperary (Carrick on Suir only) |

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

**Private Practitioner Scheme for International Protection (“the Scheme”)**

I hereby apply to have my name entered on the Private Practitioner International Protection Panel (“the Panel”) maintained by the Legal Aid Board (“the Board”) on foot of the Civil Legal Aid Act 1995 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.

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 Scheme as may be determined from time to time by the Board.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |   | No |  |

3. 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 |  |

4. 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 |  |

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

 \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

6. I agree to participate in training being organised by the Board in November 2020 for the purposes of participation in this scheme:

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |   | No |  |

Do you agree to undergo such further training as may be deemed necessary from time to time by the Board?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |   | No |  |

I have already received formal training in refugee law:

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |   | No |  |

If yes please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a member of the existing panel and have provided services under the current scheme since the commencement of the International Protection Act 2015.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |   | No |  |

 I have practical experience in refugee law:

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |   | No |  |

If yes please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE COMPLETE IN BLOCK CAPITALS:

Name of solicitor to be placed on the Panel: . . . . . . . . . . . . . . . . . . . . . . . . . . .

Address: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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VAT Number: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Withholding tax Number: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |   | No |  |

Tax clearance certificate enclosed: