**Application for Entry onto Panel**

****

**Application to be entered onto Abhaile Solicitors Panel**

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

I have read and understood the terms and conditions pursuant to the Scheme and I wish to participate in the following component(s) of the Scheme as outlined:

Consultation Solicitor 🞏 Duty Solicitor 🞏 PIA Review Legal Service 🞏

**MY EXPERIENCE IN PROVIDING LEGAL SERVICES TO PERSONS FACING REPOSSESSION AND/OR PERSONAL INSOLVENCY**

Please provide details of experience you have in providing services in repossession and/or personal insolvency cases. **If you are providing details of experience in providing services in repossession cases you should provide details of advocacy experience.**

Applicants are drawn to the provisions of paragraphs 9 and 10 of the Terms and Conditions and in particular the provision for a competitive interview process. **It is in your own interest to provide a detailed and accurate account of your relevant experience on the application form.**

|  |
| --- |
| **You can continue on a separate sheet** |

**DUTY SOLICITOR SERVICE**

If you are willing to act as Duty Solicitor, please indicate at which Circuit Court venues at by placing an X against the appropriate areas below and return this list with your application. When doing so bear in mind that travel and subsistence expenses will not be paid on foot of this Scheme.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Athlone |  | Limerick |  |
|  |  |  |  |
| Bray |  | Longford |  |
|  |  |  |  |
| Carlow |  | Monaghan |  |
|  |  |  |  |
| Cavan |  | Naas |  |
|  |  |  |  |
| Carrick-on-Shannon |  | Nenagh |  |
|  |  |  |  |
| Castlebar |  | Portlaoise |  |
|  |  |  |  |
| Clonmel |  | Roscommon |  |
|  |  |  |  |
| Cork |  | Sligo |  |
|  |  |  |  |
| Dublin |  | Tralee |  |
|  |  |  |  |
| Dundalk |  | Trim |  |
|  |  |  |  |
| Ennis |  | Tullamore |  |
|  |  |  |  |
| Galway |  | Waterford |  |
|  |  |  |  |
| Kilkenny |  | Wexford |  |
|  |  |  |  |
| Letterkenny |  |  |  |
|  |  |  |  |

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

**FORM OF UNDERTAKING**

**ABHAILE SOLICITORS PANEL**

I hereby apply to have my name entered on the Abhaile 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 10th May 2016 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.

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 \_\_\_\_

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.

 Yes \_\_\_ No \_\_\_\_

1. I confirm that I was admitted to the Roll of Solicitors in Ireland in \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_
2. 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 \_\_\_\_

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

**PLEASE COMPLETE IN BLOCK CAPITALS:**

|  |  |
| --- | --- |
| Name of solicitor to be placed on the Abhaile Solicitors Panel |  |
|  |  |
| Address |  |
|  |  |
|  |  |
|  |  |
|  |  |
| VAT Number |  |
|  |  |
| Withholding tax Number: |  |
|  |  |  |  |  |
| Tax clearance certificate enclosed:  | Yes |  | No |  |