

Personal Injury Accreditation Scheme

Application for membership

Education and Training Unit
Version 2

Note: This form must be completed and submitted together with both Part 1 and Part 2 of the assessment questionnaire. Any application submitted which is incomplete cannot be considered.

(Please read the scheme 'Criteria and guidance notes' before completing this application form)

1. Title (e.g. Mr, Mrs, Miss, Ms).

2. ID/roll number
(if applicable).

3. Applicant's full name (surname first, forenames following).

Firm's name and address.

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Telephone number.

DX number.

4. Date of admission to the roll
(if applicable)

5. If you are a solicitor, do you hold
a current unconditional practising
certificate?

Yes

No

If no, please state why not.

For alternative formats, email info.services@sra.org.uk or telephone 0870 606 2555.

6. If you are a Fellow of the Institute of Legal Executives (FILEX) when did you qualify?

7. FILEX membership number (if applicable).

8. Please give details of any matters you wish to add in support of your application.

9. Are there any other matters reflecting your competence or fitness of which the Solicitors Regulation Authority (SRA) ought to be aware? In this respect please note that a check will be made against all internal SRA records and where applicable, with ILEX.

Yes

No

If yes, please give full details:

10. Have you previously submitted an application for membership of the Personal Injury Accreditation Scheme?

Yes

No

11. Have you ever been convicted of an offence in any court of the UK or elsewhere (other than a motoring offence not resulting in disqualification).

Yes

No

If you have answered 'yes' to this question, full particulars of any conviction must be given on a separate sheet and submitted with this form. The address of the court and the penalty imposed must be given.

Note: Convictions which are "spent" under the Rehabilitation of Offenders Act 1974 should be disclosed by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

12. I certify that all the information given in this form is correct.

I understand that the SRA may seek verification from third parties (such as the Legal Complaints Service and the ILEX) of any matters pertinent to a proper consideration of my application and I authorise them to do so.

Data Protection Act 1998

1. I understand that details of my membership of a professional accreditation scheme will be published from time to time by the SRA. The data used for such publication will be that contained in the SRA's central solicitors data base and may include: my name, my firms name, my main practising address, practice telephone number, fax number and email address and details of my firm's web site where appropriate.

2. I **do/do not*** wish to have my membership of a professional accreditation scheme made available to other selected organisations for the purposes of marketing suitable products relevant to my membership.

Signed:

Name in full:

Date:

| Checklist | Tick box |
|--|----------|
| 1. Are parts 1 & 2 of assessment questionnaire certified and signed, i.e. after questions 9 & 27 respectively? | O |
| 2. Have you answered all questions fully? | O |
| 3. Are three case report forms attached in accordance with the requirements of question 19? | O |
| 4. Don't forget complete and attach the application for membership. | O |
| 5. Have you enclosed the fee of £450 + VAT (£528.75 total)? | O |

This form with the questionnaire and the fee should be submitted to:

The Finance Department
Ipsley Court
Berrington Close
Redditch
B98 0TD

Or DX 19114 Redditch