

QLTS - Exemption from the Multiple Choice Test (MCT)



This Application is for LPC Graduates who wish to claim full exemption from the MCT

If you need any help completing this form after reading the guidance contained within it and on our website, please contact us by telephone on 0370 606 2555. If you are calling from overseas please use +44 (0) 121 329 6800. Our lines are open Monday, Wednesday, Thursday and Friday: 08.00 to 18.00, Tuesday: 09.30 to 18.00. Please note calls may be monitored/recorded for training purposes. Alternatively you can email us at contactcentre@sra.org.uk.

There is no fee payable with this application.

Please note that Kaplan will not permit you to book onto the Objective Structured Clinical Examination assessment until you have received written notification from us that you have been granted full exemption from the MCT.

1. Personal details

Please complete all the boxes in this section and make sure that the name which you provide is the same as it appears on the register of your home Bar(s)/Law Society.

Forename(s)	
Surname	
Title (for example Mr/Mrs/Miss etc)	Date of birth
SRA ID (If known)	

2. Contact address

Please complete all the boxes in this section.

Address
Town
County
Postcode
Country
Email address
Telephone

3. Details of home jurisdiction

Are you a qualified lawyer in a recognised jurisdiction?

Yes

No

If 'Yes' please provide details.

If not, please explain why you are making this application, i.e. you are planning on becoming qualified in a recognised jurisdiction in the next few years.

Name and address of the Law Society or Bar of the jurisdiction in which you are admitted.

Jurisdiction on which your application is based

Professional title in this jurisdiction

Name of Law Society or Bar

Address of Law Society or Bar

Date of qualification

Registration number

Other jurisdictions

Professional title in this jurisdiction

Name of Law Society or Bar

Address of Law Society or Bar

Date of qualification

Registration number

4. LPC Details

Please provide the full name of your LPC Provider. **Please attach a copy of your LPC Certificate and transcript with this application.**

Name of Course Provider	LPC start date	LPC end date
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5. Declaration

This declaration must be completed.

Knowingly or recklessly giving the SRA information which is false or misleading, or failure to inform the SRA of materially significant information, may lead to disciplinary action by the SRA.

I confirm that:

1. I am the individual named on this application;
2. I understand that the SRA may make such enquiries and seek information as it considers appropriate in the course of verifying the information given in this form. All information provided by me will be treated securely and strictly in accordance with the Data Protection Act 1998;
3. The information in this application is accurate and complete to the best of my knowledge and belief; and
4. I agree to allow the SRA to communicate my personal data to the assessment body with which I choose to register.

Full name

Signature Date

Please note if the form is not signed your application will not be processed.

6. Application checklist

To help us process your application quickly, please check that:

- The declaration has been signed and dated.
- Copy of your LPC Certificate and transcript is attached.

If the form is not signed and/or the supporting documents are not provided, we will not be able to progress it.

7. Returning the form

Please return this form to:

Email

qlts@sra.org.uk

Post

Solicitors Regulation Authority
The Cube
199 Wharfside Street
Birmingham B1 1RN

DX

DX 720293 BIRMINGHAM 47

8. What happens next?

Once we have received your application we will aim to make a decision in 30 days. We will check that you have given us all the information we need. We will contact you if we need more information.