

# QLTS - Exemption from the Multiple Choice Test (MCT)



Legal Practice Course (LPC) Graduates only

## 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 the form 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](mailto:contactcentre@sra.org.uk).

**There is no fee payable with this application.**

You are advised that Kaplan will not permit you to book onto the Objective Structured Clinical Examination (OSCE) 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 ensure that the name which you provide is the same as it appears on the register of your home Bar(s)/Law Society.

Surname	<input type="text"/>		
Forename(s)	<input type="text"/>		
Title (for example Mr/Mrs/Miss etc)	<input type="text"/>	Date of birth	<input type="text"/>
Nationality	<input type="text"/>	SRA ID (If known)	<input type="text"/>
Second (Dual) Nationality (if applicable)	<input type="text"/>		

## 2. Contact address

Please complete all the boxes in this section.

Address	<input type="text"/>
	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>
Email address	<input type="text"/>
Telephone	<input type="text"/>

## 3. Details of home jurisdiction

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

<b>Jurisdiction on which your application is based</b>	<b>Other jurisdictions</b>
Professional title in this jurisdiction <input type="text"/>	Professional title in this jurisdiction <input type="text"/>
Name of Law Society or Bar <input type="text"/>	Name of Law Society or Bar <input type="text"/>
Address of Law Society or Bar <input type="text"/> <input type="text"/> <input type="text"/>	Address of Law Society or Bar <input type="text"/> <input type="text"/> <input type="text"/>
Date of qualification <input type="text"/>	Date of qualification <input type="text"/>
Registration number <input type="text"/>	Registration number <input type="text"/>

**Please attach an original Certificate of Good Standing for each jurisdiction with which you have been registered.**

The certificate must have been issued no more than three months prior to submission of this application. Please provide a translation of your certificate if it is not issued in English.

#### 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### 5. Declaration

**This declaration must be completed.** Please read the notes before you complete this section.

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.
- Your original Certificate(s) of Good Standing is/are attached.
- Copy of your LPC Certificate and Transcript is attached.

**If the form is not signed and/or the supporting documents are not provided, your application will not be processed.**

## 7. Returning the form

Please return this form to:

### **Post**

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

### **DX**

DX 720293 BIRMINGHAM 47

## 8. What happens next?

Once your application has been received, we will aim to make an assessment of your application within 30 days. We will check your application to ensure that we have all of the information we require. If your application is incomplete or we require further information, we will contact you to request this.

# Equality and Diversity

The SRA is committed to promoting equality and diversity. It is important to us that our services are accessible to you.

The information you provide will be held and used in accordance with the Data Protection Act 1998. The information will be treated as confidential, stored in a secure system accessible to authorised persons only and will be disposed of in accordance with our data disposal policy, which can be found at [www.sra.org.uk/sra/how-we-work/records-management.page](http://www.sra.org.uk/sra/how-we-work/records-management.page)

## Section 1

We need your support and assistance in relation to providing us with equality and diversity information about you. The information will help us undertake regular analysis and evaluation of our policies, procedures and processes to ensure that they promote equality of opportunity and do not unlawfully discriminate.

This section of the questionnaire will be destroyed as soon as the information has been entered into our secure system, where it will be used solely for monitoring of equality and diversity in relation to this file. No individuals will be identified.

Name	<input type="text"/>
File reference	<input type="text"/>

### Part A. Sex

Please tick ONE of the options below:

- Male
- Female
- Prefer not to say

### Part B. Age

Please tick ONE of the options below:

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> 16 - 21 | <input type="checkbox"/> 51 - 60           |
| <input type="checkbox"/> 22 - 30 | <input type="checkbox"/> 61 - 65           |
| <input type="checkbox"/> 31 - 40 | <input type="checkbox"/> 65+               |
| <input type="checkbox"/> 41 - 50 | <input type="checkbox"/> Prefer not to say |

### Part C. Ethnicity

Please tick ONE of the options below:

#### 1. White

- British
  - English
  - Scottish
  - Welsh
  - Other (please specify)

- Irish
- Roma/Gypsy
- Traveller of Irish Heritage

Any other white background (please specify)

#### 2. Mixed

- White and Black Caribbean
- White and Black African
- White and Asian

Any other mixed background (please specify)

#### 3. Asian or Asian British

- Indian
- Pakistani
- Bangladeshi

Any other Asian background (please specify)

#### 4. Black or Black British

- Caribbean
- African

Any other Black background (please specify)

#### 5. Chinese or other ethnic background

- Chinese

Any other ethnic group (please specify)

6.  Prefer not to say

## Part D. Religion or Belief

Please tick ONE of the options below:

- |                                      |                                 |
|--------------------------------------|---------------------------------|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Christian   | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Buddhist    | <input type="checkbox"/> Sikh   |
| <input type="checkbox"/> Hindu       |                                 |

Any other religion (Please specify)

- Prefer not to say

## Part E. Disability

The Disability Discrimination Act 1995 defines a disability as 'a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities' (or would have but for any treatment and/or medication). Long term usually means an impairment which has lasted or is likely to last at least 12 months.

Do you consider yourself to be disabled as defined by the Disability Discrimination Act?

- Yes       No       Prefer not to say

If yes, please state the type of impairment that applies to you. People may experience more than one type of impairment, in which case you may tick more than one. If none of the categories apply, please tick other and specify the type of impairment.

- Physical impairment  
 Hearing impairment  
 Visual impairment  
 Learning disability or difficulty  
 Mental health condition  
 Long-standing illness or health condition  
 Other (please specify)

- Prefer not to say

If you need a reasonable adjustment as a result of a disability please complete section 2.

## Part F. Sexual Orientation

Please tick ONE of the options below:

- Lesbian/gay woman  
 Heterosexual/straight  
 Bisexual  
 Gay  
 Prefer not to say

## Part G. Gender Identity

Please tick ONE of the options below:

Is your gender identity the same as the gender you were assigned at birth?

- Yes  
 No  
 Prefer not to say

## Section 2

This section of the questionnaire will be held on the case file and entered into our secure system. It will be made available to staff to ensure that we can endeavour to meet your requests and we may contact you in relation to this. This information will also be used for monitoring to ensure our services are accessible.

Name

## Reasonable adjustments

Are there any reasonable adjustments in relation to your disability that we can make for you (for example provide information in large print or Braille?). Please provide details below.

**Thank you for completing this form.**