

QLTS- Exemptions

EU, EEA, Intra - UK
and Switzerland applicants only



Application for exemption from the Multiple Choice Test (MCT) and/or Objective Structured Clinical Examination (OSCE)

This form should be completed if you are a European Union (EU), European Economic Area (EEA), Intra-United Kingdom (UK) or Swiss applicant who wishes to claim exemption from the MCT and/or the OSCE assessments.

If you are an EU lawyer applying for exemption from stage 1 and/or stage 2 complete all sections apart from section 5. A fee of £400 is applicable.

If you are an intra-UK lawyer applying only for pre-agreed exemptions, please complete all sections apart from section 7. There is no fee for this application.

If you are an intra-UK lawyer applying for more than the pre-agreed exemptions, please complete all sections. A fee of £400 is applicable.

If you are an LPC graduate applying for exemption from the MCT only, please complete the form QLTS - Exemptions from the Multiple Choice Test (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.

You are advised that Kaplan will not permit you to book onto the QLTS assessments until you have received written confirmation from us that you have or have not been granted exemption from the MCT and/or the OSCE assessments.

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. Previous applications

Please provide details of any previous applications you have made to the SRA. These may include applications under the QLTR, for Student Enrolment or to be a Registered European (REL) or Foreign Lawyer (RFL). If you have previously applied to the SRA, please tell us your SRA ID if known.

1.	Have you ever made a previous application to the SRA or to The Law Society to transfer under the Qualified Lawyers Transfer Regulations 1990 or 2009 or the Qualified Lawyers Transfer Scheme Regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Date of application	<input type="text"/>	
	SRA ID	<input type="text"/>	
	Outcome (Granted/Refused)	<input type="text"/>	
2.	Have you ever made an application for enrolment as a student member of the SRA or The Law Society?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Date of application	<input type="text"/>	
	SRA ID	<input type="text"/>	
	Outcome (Granted/Refused)	<input type="text"/>	
3.	Have you ever applied to the SRA or The Law Society for Registered Foreign Lawyer (RFL) or Registered European Lawyer (REL) status?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Date of application	<input type="text"/>	
	SRA ID	<input type="text"/>	
	Outcome (Granted/Refused)	<input type="text"/>	

4. Details of home jurisdiction

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

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 .

5. If you are a Barrister of England and Wales, a Scottish Solicitor, a Scottish Advocate or a Solicitor of the Republic of Ireland and you are applying for the exemptions relevant to your qualification, then please tick the relevant box below.

If you are applying for exemptions under Section 5 only, there is no fee required.

Please tick ONE of the options below:

- Barrister of England and Wales
- Scotland Solicitor
- Scotland Advocate
- Ireland Solicitor

For all of the above applicants:

I acknowledge that I have not submitted any evidence of my experience and/or knowledge of the Day One Outcomes.

6. Degrees and qualifications

Please set out degrees and diplomas awarded, the professional examinations you have passed and any courses you have completed as part of your route to qualification in your home jurisdiction.

You do not need to send in any certificates with your initial application (unless to verify how you have met the Day One Outcomes), however, the SRA reserves the right to request certified copies of certificates.

If you have passed the Legal Practice Course (LPC), then you can apply for exemption from Part 1 of the QLTS assessments by completing the QLTS - Exemption from the Multiple Choice Test (MCT) application.

Institution	Title of qualification	Course start date	Course end date

Please note we reserve the right to request original or certified copies of certificates.

7. Experience and knowledge of law and practice of England and Wales for consideration by an SRA assessor

Applicants completing this section of the form are required to pay a fee of £400.

If you already have knowledge and experience of English and Welsh law and practice which you would like us to take into account, then please complete the Assessment Table appropriate to your qualification available from www.sra.org.uk/qlts and submit it with your evidence.

Please list the evidence you have sent us in the table below so that we can check your application is complete.

Type of experience (i.e. - professional experience, training, CPD, seminars)	Institution/employer and dates	Evidence at annex:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Declaration

This declaration must be completed in all cases. Please read the notes before completing 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 and the fee (if applicable) is not received your application will not be processed.

9. Application checklist

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

- The declaration has been signed and dated.
- Any additional sheets are labelled and attached to this form.
- Full payment is included, if applicable.
- Two copies of evidence of your knowledge, experience and training for Section 7 has been included (if applicable).
- Original Certificate of Good Standing is attached.

If the form is not signed and any required fee is not received your application will not be processed.

10. Returning the application form (if no fee payable)

Please return this form to:

Post

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

DX

DX 720293 BIRMINGHAM 47

11. Methods of Payment form (if fee payable)

You can pay the full amount by cheque, postal order or bank transfer. We do not accept credit or debit card payments.

Please note that we will hold any payment we receive without an accompanying application form for up to 30 days before returning it to the sender.

Bank Transfer payments

If paying direct from your bank account, you must ensure you have instructed your bank to pay us, as we are unable to request the payment for you.

12. Returning the application and method of payment form

A fee of £400 is payable if you are requesting an assessment of your experience and knowledge of law and practice in England and Wales.

If you are applying for the exemptions relevant to your qualification as a Barrister of England and Wales, a Scottish Solicitor, a Scottish Advocate or a Solicitor of the Republic of Ireland, there is no fee payable.

Please return this application and method of payment form to:

Post

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

DX

DX 720293 BIRMINGHAM 47

13. What happens next?

If you are applying for Intra-UK exemptions, we aim to make an assessment of your application within 30 days of receipt of your application.

If you are an EU applicant or an Intra-UK applicant applying for further exemptions, we aim to make a decision within six months of receipt of your application.

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

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

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.