

**SECTION 4**

**Declaration**

The training establishment must provide training in accordance with the requirements set out on our website. Please indicate, by ticking the boxes, that you have read and understand the requirements.

**(a) Training principal suitability**

1	I have held four consecutive practising certificates (PCs) and hold a current PC.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2	Do you have a condition on your current PC?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3	Have you had a condition on any previous PCs?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4	Have you ever been referred to the Solicitors Disciplinary Tribunal (SDT)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5	Do you have any regulatory, conduct or disciplinary matters pending?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you have answered “**No**” to question 1 or “**Yes**” to any of questions 2-5, please provide details and note that your application will be passed to the Training Contracts Team for further investigation. They may refer your application to an adjudicator, or defer a decision on the application until any outstanding matters have been resolved.

**(b) Training requirements**

6	I confirm that our firm/organisation operates its own anti-discrimination policy.	<input type="checkbox"/>
7	I agree to abide by the training contract requirements.	<input type="checkbox"/>
8	I agree to notify the SRA of any changes in the details submitted to the SRA e.g. name of training principal.	<input type="checkbox"/>
9	The training establishment is able to provide training and experience in accordance with the Skills Standard set out in the training requirements.	<input type="checkbox"/>
10	I confirm that all personnel involved in training issues will have/have had appropriate experience and/or training for the task.	<input type="checkbox"/>
11	I confirm that all training contracts will be in the form prescribed by the SRA and contain such terms and conditions as the SRA may from time to time prescribe, in accordance with the SRA Training Regulations 2011.	<input type="checkbox"/>

**(c) Voluntary Code of Good Practice**

12 I confirm that the training establishment will subscribe to the Voluntary Code of Good Practice.

Yes

No

**This declaration should be completed by the proposed training principal.**

Training Contact Name

Training Contact SRA no.

Training Contact Email Address

Firm/organisation name

Firm/organisation SRA no.

Date on which you took on the role of training principal

**On behalf of the above training establishment I hereby agree to abide by the Training Code**

Training Principal Name

Training Principal SRA no.

Training Principal Email Address

Signature

Date