**You should complete this application using a computer or in black ink using block capitals.**

|  |
| --- |
| **PART 1: PERSONAL INFORMATION** |
| **CILEx Membership Number:***(if appropriate)* | Click here to enter text. | **Grade of CILEx Membership:** *(if appropriate)* | g |
| **Title:** | Mr [ ]  | Mrs [ ]  | Miss [ ]  | Ms [ ]  | Other: Click here to enter text. |
| **Forename:** | Click here to enter text. | **Surname:** | Click here to enter text. |
| **House number and street name:** | Click here to enter text. | **Town:** | Click here to enter text. |
| **County:** | Click here to enter text. | **Postcode:** | Click here to enter text. |
| **Daytime telephone number:** | Click here to enter text. | **Email:** | Click here to enter text. |
| **Do you consent to CILEx Regulation using anonymised extracts from your portfolio and logbook sheets as examples for the purpose of providing guidance to prospective applicants?** | Yes [ ]  | No [ ]  |

|  |
| --- |
| **PART 2: EMPLOYMENT** |
| Please provide information about your qualifying employment starting with the most recent. You should include information covering the past **5 years** at least. Please continue on a separate sheet if necessary.**Please copy all pages of Part 2 and complete for all employment within the last 5 years.** |
| **Reference** |
| **Please provide a reference from your current employer.** This should be an **original on headed paper** with a **manual signature** and from a legally qualified person (i.e. a lawyer) who has supervised your work. If you have been in your current employment for less than 6 months, please provide a further reference from your previous employer in the same format. |
| **Name of Employer:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **Job Title:** | Click here to enter text. |
| **Hours worked per week:** | Click here to enter text. | **Number of chargeable hours spent on probate activities:** | Click here to enter text. |
| **Date employed from:** | Month Year | **Date employed to:** | Month Year |
| **Have you had any breaks in this employment? E.g. long term sick leave, maternity leave, sabbatical? Please provide dates and brief details.** |
| Click here to enter text. |
| **Supervisor Details** |
| **Name:** | Click here to enter text. | **Job Title/Position:** | Click here to enter text. |
| **Qualification:** | Click here to enter text. | **Membership/Roll Number:** (e.g. SRA, Bar, CILEx) | Click here to enter text. |
| **Provide a description of the nature of supervision to include: The number of hours each week and the nature of supervision (e.g. file review, outgoing post, etc.)** |
| Click here to enter text. |
| **Description of your Role** |
| **Have you every typed from dictation? If so, when did this occur and what amount of time per week did this take?** |
| Click here to enter text. |
| **Do you deal with work that includes work of a foreign jurisdiction? If so, please state what jurisdiction and how much time is spent on this.** |
| Click here to enter text. |
| **Please list all your individual duties and responsibilities for this role in the table below and complete the allocation of time spent on each duty. This should include all legal work, administration, marketing and business related activities (whether on your own files or assisting others). Please list each individual task and provide a small description explaining what is involved.** |
| **Duties and Responsibilities****(please expand table if necessary)** | **Percentage of time/hours spent on this duty weekly****(this should add up to 100% in total of your contractual hours)** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| **Total % / hours:** | Click here to enter text. |
| **PART 3: EXPERIENCE** |
| For each role you undertook in the last 5 years, you should set out the following information:• A description of the types of cases that you have handled• A description of your typical caseload, including any details about the complexity of your caseload and a summary of any difficult cases you have handled• The number of chargeable hours you spent on activities related to the area of practice in which you are seeking practice rights• The proportion of time spent on the law related to the area of practice in which you are seeking practice rights• A description of the range and nature of matters which you have handled related to the area of practice in which you seek practice rights• Any distinctive features of your work |
| Click here to enter text. |
| In addition, you must complete **THREE** portfolios which outline how your work experience demonstrates that you are competent in the relevant area of practice.Please use the [**Experience Portfolio Template**](https://cilexregulation.org.uk/resource-library/?child_category=34) to enable you to complete this element.Your portfolios will be assessed to consider whether you meet the experience requirements set out in the [**Probate Practice Rights Experience Portfolio Requirements**](https://cilexregulation.org.uk/resource-library/?child_category=34). |

|  |
| --- |
| **PART 4: KNOWLEDGE & UNDERSTANDING** |
| Please set out the qualifications that you rely upon to demonstrate that you have the knowledge of legal practice and the law in the area of **probate**. You may rely on any one or more of the 3 options below to demonstrate that you have knowledge and understanding equivalent to that set out in the [**Probate Practice Rights Knowledge Portfolio Requirements**](https://cilexregulation.org.uk/resource-library/?child_category=34). |

|  |  |
| --- | --- |
| **Option 1: CILEx Level 6 Examinations** | *Tick if applicable*[ ]  |
| State below the date you passed the CILEx Level 6 law paper and matched practice papers indicated. |
| **Examination Subject** | **Date Passed** |
| CILEx Level 6 Wills & Succession | Month Year |
| CILEx Level 6 Probate Practice | Month Year |

|  |  |
| --- | --- |
| **Option 2: Equivalent Examinations** | *Tick if applicable*[ ]  |
| If you are relying on examinations which are **equivalent** **to** the CILEx Level 6 examinations set out in Option 1, please provide the details in the table below.In addition, you must also supply the:* Syllabus for each examination
* Transcript of marks
* Proof of passing each examination (e.g. a copy of your exam certificate)
 |
| **Awarding Body** | **Examination Subject** | **Date Passed** |
| Click here to enter text. | Click here to enter text. | Month Year |
| Click here to enter text. | Click here to enter text. | Month Year |
| Click here to enter text. | Click here to enter text. | Month Year |
| Click here to enter text. | Click here to enter text. | Month Year |
| Click here to enter text. | Click here to enter text. | Month Year |

|  |  |
| --- | --- |
| **Option 3: CILEx Level 6 Examinations** | *Tick if applicable*[ ]  |
| If you are relying on your work experience to demonstrate your knowledge of the law and practice area, you should complete **FIVE** portfolios which demonstrate how your experience developed your knowledge and understanding of the learning outcomes set out in the [**Probate Practice Rights Knowledge Portfolio Requirements**](https://cilexregulation.org.uk/resource-library/?child_category=34). |

|  |
| --- |
| **PART 5: SKILLS** |
| **CLIENT CARE AND LEGAL RESEARCH** |
| Please indicate which option you rely upon to demonstrate your skills in **client care and legal research** for **probate**. You may rely entirely upon Option 1 or Option 2 or a combination of the two options to demonstrate how you meet the learning outcomes set out in the [**Probate Practice Rights Skills Portfolio Requirements**](https://cilexregulation.org.uk/resource-library/?child_category=34). |

|  |  |
| --- | --- |
| **Option 1: Logsheets and Portfolio** | *Tick if applicable*[ ]  |
| I have provided logbook sheets and a portfolio of evidence which demonstrates that I have met the learning outcomes as set out in the [**Probate Practice Rights Skills Portfolio Requirements**](https://cilexregulation.org.uk/resource-library/?child_category=34). |

|  |  |
| --- | --- |
| **Option 2: Examinations (only complete if Option 1 is irrelevant)** | *Tick if applicable*[ ]  |
| I seek to rely on courses to demonstrate I meet the outcomes set out in the competence framework. This may include CILEx Level 6 in Client Care to demonstrate Skills Element 1 and CILEx Level 6 in Legal Research to demonstrate Skills Element 2 and other skills specific to the practice area. |
| **Examination Type** | **Examination Subject** | **Date Passed** |
| CILEx Level 6 | Client Care | Month Year |
| CILEx Level 6 | Legal Research | Month Year |
| LL.B/GDL (if QLD)\* | Legal Research | Month Year |
| LL.B/GDL\* and LPC/BPTC | Client Care and Legal Research | Month Year |
| \*If you are relying on an LL.B this must be a qualifying law degree as defined by the SRA/BSB. Click [here](http://www.sra.org.uk/solicitors/handbook/glossary/#definition_Q). |
| If you are relying on courses which meet the outcomes set out in [**Probate Practice Rights Skills Portfolio Requirements**](https://cilexregulation.org.uk/resource-library/?child_category=34), in addition to providing this information you should also supply the:* Syllabus for each examination
* Transcript of marks
* Proof of passing each examination (e.g. a copy of your exam certificate)
 |
| **Awarding Body** | **Course** | **Date Passed** |
| Click here to enter text. | Click here to enter text. | Month Year |
| Click here to enter text. | Click here to enter text. | Month Year |
| Click here to enter text. | Click here to enter text. | Month Year |
| Click here to enter text. | Click here to enter text. | Month Year |

|  |
| --- |
| **PART 5: SKILLS** |
| **DRAFTING AND MANAGING PROBATE ACTIVITIES** |
| To demonstrate your skills in drafting and managing probate activities, you must create a portfolio of evidence to demonstrate how you meet the learning outcomes set out in the [**Probate Practice Rights Skills Portfolio Requirements**](https://cilexregulation.org.uk/resource-library/?child_category=34). By following this scheme, your portfolio will also meet the Work Based Learning Outcomes. |

|  |  |
| --- | --- |
| **Option 1: Logsheets and Portfolio** | *Tick if applicable*[ ]  |
| I have provided logbook sheets and a portfolio of evidence which demonstrates that I have met the learning outcomes as set out in the [**Probate Practice Rights Skills Portfolio Requirements**](https://cilexregulation.org.uk/resource-library/?child_category=34). |

|  |
| --- |
| **PART 6: MEMBERSHIP OF PROFESSIONAL ORGANISATIONS AND CONDUCT STATEMENT** |

|  |
| --- |
| **Membership of Professional Bodies, Accreditation Schemes, etc.** |
| Please provide details of any memberships of professional organisations, accreditation schemes, etc. to which you belong (except CILEx). |
| **Professional Body** | **Membership Level/Grade** | **Dates of Membership** |
| **From** | **To** |
| Click here to enter text. | Click here to enter text. | Month Year | Month Year |
| Click here to enter text. | Click here to enter text. | Month Year | Month Year |
| Click here to enter text. | Click here to enter text. | Month Year | Month Year |
| Click here to enter text. | Click here to enter text. | Month Year | Month Year |
| Click here to enter text. | Click here to enter text. | Month Year | Month Year |

|  |
| --- |
| **Good Standing** |
| For **EACH** professional membership, please confirm the following: |
| **Membership Body** |  | **Yes**  | **No** |
| Click here to enter text. | My subscriptions are up to date |[ ] [ ]
|  | My CPD is up to date |[ ] [ ]
| Click here to enter text. | My subscriptions are up to date |[ ] [ ]
|  | My CPD is up to date |[ ] [ ]
| Click here to enter text. | My subscriptions are up to date |[ ] [ ]
|  | My CPD is up to date |[ ] [ ]
| Click here to enter text. | My subscriptions are up to date |[ ] [ ]
|  | My CPD is up to date |[ ] [ ]

|  |
| --- |
| **PART 7: PRIOR CONDUCT** |
| You must provide an answer to each of the questions below and sign and date the declaration. If the answer is yes to any of the questions please provide details. Please read the [guidance notes](https://cilexregulation.org.uk/wp-content/uploads/2018/12/Prior-Conduct-Application-Form-Guidance.pdf) which explain the following questions. |
| **Question** | **Yes** | **No** |
| 1 | Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? |[ ] [ ]
| 2 | Have you ever been subject to any investigations or proceedings by any regulatory or professional body (including findings or orders currently under appeal)? |[ ] [ ]
| 3 | Have you ever been adjudged bankrupt or made a composition with creditors? |[ ] [ ]
| 4 | Have you ever been removed from being a trustee of a charity, or removed from being concerned with the management or control of a charity? |[ ] [ ]
| 5 | Have you been removed from office as a member, director or manager of any public body? |[ ] [ ]
| 6 | Have you been disqualified as acting as a director of a company? |[ ] [ ]
| 7 | Have you been the subject of a civil judgment? This includes a civil judgment as a result of a fixed penalty notice that you have failed to pay. |[ ] [ ]
| 8 | Have you been involved in any other matter which may be relevant to a decision by CILEx Regulation to admit, authorise or approve you? |[ ] [ ]
| 9 | If you have answered 'Yes' to any of questions 1-8 above, are you declaring this matter to CILEx Regulation for the first time? (If you have answered 'No' to questions 1-8 please answer 'No'.) |[ ] [ ]
| **Please use the space below to provide details relevant to those questions above for which you have answered yes.** |
| Click here to enter text. |
| **Additional Questions**In order for CILEx Regulation to fulfil its duties under the consumer regulatory objective within the Legal Services Act (2007), we require regulated members to answer the following questions: |
| 10 | Has a determination (i.e. a decision) been made by the Legal Ombudsman in the last 12 months against you or your employer in relation to a complaint about your work and/or service? |[ ] [ ]
| 11 | Have any clients made a complaint about your work and/or service to you or your employer in the last 12 months? |[ ] [ ]

|  |
| --- |
| **PART 8: REFERENCES** |
| Please provide the names and addresses of **two** referees below. (CILEx Regulation will write to your referees as part of the initial review process). |
| **Referee 1** | **Referee 2** |
| **Name:** | Click here to enter text. | **Name:** | Click here to enter text. |
| **Address:** | Click here to enter text. | **Address:** | Click here to enter text. |
| **Postcode:** | Click here to enter text. | **Postcode:** | Click here to enter text. |
| **Telephone:** | Click here to enter text. | **Telephone:** | Click here to enter text. |
| **Position of referee:** **(e.g. Judge, lawyer etc.)** | Click here to enter text. | **Position of referee:****(e.g. Judge, lawyer etc.)** | Click here to enter text. |

|  |
| --- |
| **PART 9: EMPLOYER DECLARATION** |
| **Notice to member:**Once you have compiled your portfolio and are eligible to apply, you will need to ask your current supervisor to complete the statement below.  |
| **Notice to Supervisor:**This section must be completed by a person who has responsibility for the work of the applicant. This should be an Authorised Person\*. Where you do not fit into the category, please specify the position that you hold and your qualifications. You are required to certify whether the applicant has met the requirements for the purposes of Fellowship.\*Authorised Person means a person who falls within the definition of Section 18 of the Legal Services Act 2007. |
| **I can confirm that:** | Click here to enter text. | *(Applicant’s Name)* |
| **CILEx Membership Number:** | Click here to enter text. |  |
| **has been employed by:** | Click here to enter text. | *(Company Name)* |
| **as a:** | Click here to enter text. | *(Job Title)* |
| **since:** | Click here to enter a date. | *(Date to – from, if applicable)* |
| **and has specialised in:** | Click here to enter text. | *(area of law)* |
| In my opinion the applicant has satisfactorily carried out their duties while in employment and satisfactorily met the Work Based Learning Outcomes. I confirm that I have reviewed the Work Based Learning portfolio and confirm that all of the evidence within the portfolio is the work of the applicant. To the best of my knowledge the applicant is a fit and proper person to be admitted as a Fellow. |
| **Name of Supervisor:** | Click here to enter text. | **Position in firm:** | Click here to enter text. |
| **Qualification (Fellow / Solicitor):**  | Click here to enter text. | **Membership Number (SRA/CILEx/Bar):** | Click here to enter text. |
| **Signed:** |  | **Date:** | Click here to enter a date. |

|  |
| --- |
| **PART 10: APPLICANT DECLARATION** |
| Please tick the box for each applicable statement. |
|[ ]  I hereby apply for practice rights in Probate and I confirm that I am eligible for a Practising Certificate in this area of practice. |
|[ ]  I hereby apply for authorisation in Practice Management and Accounts Management at Level 1. |
| I declare that the information given in this form is correct. I understand that once registered as a member of CILEx and/or a CILEx Practitioner I shall be regulated by CILEx Regulation and be bound by the provisions of the Charter Bye-Laws and all other rules and regulations of CILEx and CILEx Regulation for the duration of my membership, including the CILEx Code of Conduct. If I provide information that is false, I understand that disciplinary action may be pursued against me.I agree that the Chartered Legal Executive certificate issued to me shall remain the property of CILEx Regulation and I undertake to return it if I cease to be a Fellow.I enclose the application fee of **£450** by cheque made payable to **CILEx Regulation** (or call 01234 845 770 to pay by card).Any information you provide to CILEx or CILEx Regulation will be used by them to consider this application and, generally, to provide you with Membership services; and to enable them to meet their obligations as a professional body and Approved Regulator under the Legal Services Act 2007. We may also share relevant information about you with approved publishers of legal directories and suppliers of membership benefit products, but you may ask us not to do so by contacting CILEx membership on 01234 845777.In addition to publishing basic information about Fellows and other practitioners with reserved legal activity rights on our own website and providing that information to approved publishers of legal directories, we provide it in a publicly available database where third parties, including operators of comparison websites and other commercial organisations, may access it in reusable form and republish it, alone or in combination with other information. **If you agree to the inclusion of your details (which may include any publishable disciplinary information) in this database, please tick:** [ ] More information about the use we may make of your data is given in our privacy statement at cilexregulation.org.uk. Information about disciplinary matters is only made public in accordance with the CILEx Regulation Publication Policy available at [www.cilexregulation.org.uk](http://www.cilexregulation.org.uk). |
| **Signed:** |  | **Date:** | Click here to enter a date. |

**Return your completed form to:**

CILEx Regulation

College House

Kempston

Bedford

MK42 7AB**Enquiries to:**

t: +44 (0)1234 845770

e: practicerights@cilexregulation.org.uk