If you are a member of CILEx, you should complete this application using a computer and send your completed application to us by email at: [qeapplications@cilexregulation.org.uk](mailto:qeapplications@cilexregulation.org.uk)

If you are not a member of CILEx, you will need to request a non-member version of this form. Please contact us at: [qeapplications@cilexregulation.org.uk](mailto:qeapplications@cilexregulation.org.uk)

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| **PART 1: PERSONAL INFORMATION** | | | | | | |
| **CILEx Membership Number:** | Click here to enter text. | | | | | |
| **Title:** | Mr | Mrs | Miss | Ms | Other: Click here to enter text. | |
| **Forename(s):** | Click here to enter text. | | | **Surname:** | Click here to enter text. | |
| **Address:** | 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. | |
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| **Is this the first application you have made for a Qualifying Employment assessment?** | | | | | Yes | No |

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| **PART 2: QUALIFICATIONS** | | |
| **CILEx Level 6 Subjects/LPC/BPTC**  (if LPC/BPTC please state whether full time or part time) | **Date Studied/Passed** | |
| From | To |
| Click here to enter text. | Month Year | Month Year |
| Click here to enter text. | Month Year | Month Year |
| Click here to enter text. | Month Year | Month Year |
| Click here to enter text. | Month Year | Month Year |
| **OISC/LSC/Police Station Accreditation**  (please state level) | **Date attained** | |
| Click here to enter text. | Month Year | |
| Click here to enter text. | Month Year | |
| Click here to enter text. | Month Year | |

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| **PART 3: GENERAL EMPLOYMENT INFORMATION** | | | | | | | | | | | | | |
| **Area of Practice**  Tick the boxes below to indicate which area of legal practice you undertake at present. | | | | | | | | | | | | | |
| **Civil Litigation** | | Personal Injury | | Debt Recovery | | | Housing | | | Employment | | | |
| General Litigation | | | | | | | | | | | |
| **Criminal Litigation** | | Defence | | Prosecution | | |  | | |  | | | |
| **Family Law** | | Family | |  | | |  | | |  | | | |
| **Property** | | Residential Conveyancing | | | | | Commercial | | | | | | |
| **Public Law Work** | | Local Authority | | Government | | | Welfare Benefits | | | | Immigration | | |
| **Private Client** | | Finance | | Probate/Wills | | | | | | | | | |
| **Corporate** | | Company | | Commercial | | |  | | |  | | | |
| **Legal Practice** | | Practice Management | | | | | Costs/Accounts | | | | | | |
| **Non Legal** | | Non-legal work | |  | | |  | | |  | | | |
| **Crown Prosecution Service** | | Associate Prosecutor | | Other | | |  | | |  | | | |
| **Other** | | Please State: | | Click here to enter text. | | | | | | | | | |
| **Type of Practice**  Tick the boxes below to indicate which type of legal practice you work in at present. | | | | | | | | | | | | |
| Solicitor’s firm  0-20 partners |  | | Solicitor’s firm  20+ partners | |  | Licensed Conveyancer’s firm | |  | Non-legal organisation | | |  |
| Local Authority |  | | Government Department | |  | Law Centre/CAB | |  | Commercial Company | | |  |
| Self Employed |  | | Other legal organisation | |  | ABS | |  | In house | | |  |

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| **PART 4: EMPLOYMENT** | | | |
| **Please complete sections 4-8 for each of the roles you wish to have assessed** e.g. if you have three roles to be assessed you will need to complete sections 4-8 three times. | | | |
| **Employer:** | Click here to enter text. | | |
| **Company Address:** | Click here to enter text. | | |
| **Job Title:** | Click here to enter text. | | |
| **Date employed from:** | Month Year | **Date employed to:** | Month Year |
| **How many hours are you contracted to work each week?** | | Click here to enter text. | |
| **Has this changed since you started in this role? If so, please outline how and when.** | | | |
| Click here to enter text. | | | |
| **Have you had any breaks in this employment e.g. furlough, long term sick leave, maternity leave, sabbatical (more than 6 weeks)? Please provide dates (from/to) and brief details.** | | | |
| Click here to enter text. | | | |
| **Reference** | | | |
| **Please provide a reference from your current employer. This should be an original on headed paper, dated with a manual signature and from a legally qualified person who has knowledge of 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. | | | |
| CILEx Regulation will contact your referee to ask them to verify the reference submitted with your application. We use Adobe sign for this.  Please provide the name and email address for your referee below.  Name: Click here to enter text.  Email Address:Click here to enter text. | | | |

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| **PART 5: SUPERVISION** | | | |
| You must be supervised by a legally qualified person as defined by s.18 of the Legal Services Act 2007. | | | |
| **Full name of Supervisor:** | Click here to enter text. | **Job Title/Position:** | Click here to enter text. |
| **Qualification:** | Click here to enter text. | **Membership/ Reference Number:**  (e.g. SRA, Bar, CILEx) | Click here to enter text. |
| **Please provide a description of your supervision to include: the number of hours each week and the nature of the supervision, e.g. file review, review of outgoing post, weekly meetings, etc**. | | | |
| Click here to enter text. | | | |
| **If you are not directly supervised by a legally qualified person, please explain who supervises your work and what supervision arrangements are in place.** | | | |
| Click here to enter text. | | | |

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| **PART 6: DESCRIPTION OF YOUR ROLE** | |
| Please provide a copy of your job description.  Based upon a typical week, please list the individual tasks that you undertake within your role and explain what this involves. Please allocate a percentage of time that each task takes. | |
| **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) |
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| Click here to enter text. | Click here to enter text. |
| **Total:** | Click here to enter text. |
| **Have you ever typed from dictation? If so, when did this occur and what amount of time per week has been spent undertaking this task?** | |
| Click here to enter text. | |
| **Do you deal with work of a foreign jurisdiction? If so, please state what jurisdiction and what amount of time per week has been spent undertaking this.** | |
| Click here to enter text. | |

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| **PART 7: PROGRESSION IN THIS ROLE** | | | | | | | | |
| **We appreciate that roles develop over time and we need to consider these changes in our assessment. For this section, please provide a timeline detailing your progression in the role to include the following points:**   1. **Have you been given additional responsibilities? If so, please specify the month and year and how this changed your allocation of time.** 2. **Do you supervise others? If so, when did this start and what percentage of time has been spent on this?** 3. **Are you responsible for matters from start to finish? If so, what month and year did this start?** | | | | | | | | |
| Click here to enter text. | | | | | | | | |
| **Please indicate how many files/matters you have dealt with (own matters and assisting on other matters) each year, throughout your employment, by type and number. An example can be found in the guidance document.** | | | | | | | | |
| **Year** | **Type of Matter 1**  **(please specify)** | | **Type of Matter 2 (please specify)** | | **Type of Matter 3 (please specify)** | | **Total** | |
| Enter matter type here. | | Enter matter type here. | | Enter matter type here. | |
| Year | # | Own files | # | Own files | # | Own files | # | Own files |
| # | Assisting | # | Assisting | # | Assisting | # | Assisting |
| Year | # | Own files | # | Own files | # | Own files | # | Own files |
| # | Assisting | # | Assisting | # | Assisting | # | Assisting |
| Year | # | Own files | # | Own files | # | Own files | # | Own files |
| # | Assisting | # | Assisting | # | Assisting | # | Assisting |
| Year | # | Own files | # | Own files | # | Own files | # | Own files |
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| **PART 8: EXAMPLES** |
| **In your own words** (summarised), please provide **at least 2 examples** of specific cases where you have been required to apply the law to a given situation and advised clients for each role you wish to have assessed.   * Explain the facts of the case (what you were instructed to do), what area of law applies to those specific facts and how you advised the client. * Please explain the law you relied upon when providing the advice. You may wish to refer to the clients as Client A, Client B, etc. * **Please do not send in supporting documents at this stage.** |
| **Example 1** |
| Click here to enter text. |
| **Example 2** |
| Click here to enter text. |

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| **PART 9: PRIOR CONDUCT**  **ASSESSMENT OF SUITABILITY TO BECOME A CHARTERED LEGAL EXECUTIVE** | | | |
| 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://www.cilexregulation.org.uk/~/media/fc58b6476ae74372b1d6f88013ea7cbf.ashx) which explain the following questions.  By completing this declaration you are confirming that you want your suitability for admission as a Chartered Legal Executive to be assessed by CILEx Regulation in accordance with the Enforcement Rules and in line with the Code of Conduct.  This means that the Rehabilitation of Offender’s Act will not apply to you and that any spent convictions/cautions (that are not protected) will be considered as part of the assessment. | | | |
| **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)](https://emea01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.legislation.gov.uk%2Fuksi%2F2013%2F1198%2Fpdfs%2Fuksi_20131198_en.pdf&data=02%7C01%7Cdavid.pope%40cilexregulation.org.uk%7Cabcdec8cdf1c4d58cbc808d5777fecc3%7C9096e35ab9874b109fed671978bc83e8%7C1%7C1%7C636546313687919257&sdata=3ziCqeCmUWFoAxdeEhG1yeP39n5uS2wd6u8%2BI6Wi%2BnM%3D&reserved=0)? |  |  |
| 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 ticked Yes to any of questions (1-8) above, are you declaring this matter to CILEx Regulation for the first time? |  |  |
| **Please use the space below to provide details relevant to the prior conduct questions on the previous page (page 8) 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? |  |  |

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| **PART 10: DECLARATION** | | | |
| 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. | | | |
| **Signed:** |  | **Date:** | Click here to enter a date. |

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| **PART 11: PAYMENT** | |
| **Please provide contact details so that we can arrange for an invoice to be sent to you or your employer.** | |
| **Name:** | Click here to enter a date. |
| **Address:** | Click here to enter a date. |
| **Email:** | Click here to enter a date. |
| **PO Reference (if applicable):** | Click here to enter a date. |

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| **PART 12: DATA PROTECTION** |
| **Data Protection Act:** Fellows’ names, and those of their employers, will be published in the Directory of Fellows on the CILEx Regulation website and in other directories which provide information about law firms and lawyers.  The personal data you provide to CILEx or CILEx Regulation will be used by them to consider this application 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 personal data with approved publishers of legal directories and suppliers of membership benefit products, but you or the manager concerned may ask us not to do so by contacting CILEx Regulation on 01234 845770 or emailing info@cilexregulation.org.uk.  In addition to publishing basic information about Fellows on our own website and providing that information to other 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.  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 cilexregulation.org.uk. |

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| **PART 15: CHECKLIST** | |
| Please complete the checklist below and once all of these have been met, please send your completed application form and any supporting documents, including references, to CILEx Regulation at [qeapplications@cilexregulation.org.uk](mailto:qeapplications@cilexregulation.org.uk)  Once payment has been processed your application will be passed to CILEx Regulation for assessment.  If you have any queries, please email us at [qeapplications@cilexregulation.org.uk](mailto:qeapplications@cilexregulation.org.uk) | |
| Have you completed section 4-8 for **each role** that you wish to be included in this assessment? |  |
| Have you included a supporting reference from your current employer? Please remember to provide the referee’s email address for verification. |  |
| Have you included a supporting reference from your previous employer if you have been in your current role less than 6 months? Please remember to provide the referee’s email address for verification. |  |
| Have you completed the table for your duties and responsibilities and do your percentages add up to 100%? |  |
| Have you provided a timeline detailing your progression? |  |
| Have you provided 2 examples for **each of the roles** that you wish to be included in this assessment? |  |
| Have you completed the Prior Conduct tick boxes? |  |
| Have you completed the payment section? |  |