

Letter in support of application for Board's discretion



This letter of support is an Appendix to the 2020 Specialist Accreditation Application and is required only if seeking Exemption from Eligibility Criteria 3-5 (Section 2). It is to be completed by a professional associate of the applicant, and submitted along with the applicant's Application for Specialist Accreditation.

To the applicant

Print two copies of this Letter and have it completed by two professional associates who can support your application for Exemption from Eligibility Criteria 3-5. **Note:** A maximum of one supporter may be a co-worker or partner at the same employer. Relatives, close personal friends and members of the Board or relevant Advisory Committee may not complete this letter.

To the supporter

This letter is to be submitted in support of a request for exemption from Specialist Accreditation Application Eligibility Criteria 3, 4 or 5, which relate to practice experience.

The Eligibility Criteria that the applicant is seeking exemption from include:

3. The applicant has been engaged in the practice of law¹ on a full time basis for at least 5 years²
4. In each of the 3 years immediately preceding the application for Accreditation, the applicant has been engaged in this area of practice
5. The time the applicant has devoted to this area of practice in each year of the past 3 years is not less than 25% of the time required to conduct a full time practice.

Please ensure handwriting is legible.

Supporter details

Full name

Position

DX/Postal address

Postcode

Applicant's details

Applicant's name

Area of practice applied for

¹ "Practice of Law" does not include pre-admission experience.

² "Years" run from the date of commencement of practice to 30 June in the year of application (this is not calculated from date of admission).



Please attach any further comments to each question separately.

How long have you known the applicant, and in what capacity?

What is your experience of the applicant as a solicitor, giving examples of cases they have worked on? (Please attach any additional supporting material).

Would you consider the applicant to be “specially competent” in this area of practice and on what basis do you make this assessment?

Please make any additional comments in relation to the application.

Signature required 

Signature (type your name below)

Date

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