

# CHANGE IN PRACTICE DETAILS



THE LAW SOCIETY  
OF NEW SOUTH WALES

THIS IS A NOTICE OF A CHANGE IN PRACTICE/EMPLOYMENT DETAILS.

## 1. APPLICANT DETAILS

Surname:	First name:
Other names:	Law Society number:

## 2. PREVIOUS EMPLOYMENT DETAILS

Name of law practice/employer:

Date from when you ceased employment (DD/MM/YYYY):

/   /

## 3. NEW EMPLOYMENT DETAILS

Name of law practice/employer:

Street number and name:

City:	State:	
Country:	Postcode:	DX:
Telephone:	Fax:	
Mobile:	Email address:	

Publication email address (if different):

Position held (select one only):

- |   |   |  |   |
|---|---|--|---|
| <input type="radio"/> Sole practitioner                     | <input type="radio"/> ILP Principal   | <input type="radio"/> Employee of a law practice   | <input type="radio"/> Government legal practitioner |
| <input type="radio"/> Partner                               | <input type="radio"/> Supervising legal practitioner at a community legal service | <input type="radio"/> Corporate legal practitioner | <input type="radio"/> Volunteer                     |
| <input type="radio"/> Not currently employed as a solicitor |   |  |   |

Date from when you commenced employment (DD/MM/YYYY):

/   /

## 4. SIGNATURE

Signed:	Dated (DD/MM/YYYY):
<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>