



# APPLICATION FOR REASSESSMENT



SPECIALIST ACCREDITATION  
THE LAW SOCIETY OF NSW

## SECTION A – PERSONAL DETAILS

Full Name:

Candidate Number:

Address:

Email Address:

Phone Number:

## SECTION B – ASSESSMENT

This application for reassessment is submitted on the basis of an alleged procedural error in relation to:

- Take Home Assessment (e.g. mock file)
- Written Examination
- Peer Interview
- Simulated Interview
- Mock Briefing
- Mock Hearing

## SECTION C – DECLARATION

I submit this reassessment application in good faith and agree to be bound by the findings of the Specialist Accreditation Board in relation to my application for accreditation. I acknowledge that there is no further avenue for reassessment following the findings of the Specialist Accreditation Board.

Signature:

Date:

## SECTION D – FEES

Total fees payable:

\$ 180.00

Payment details:

A tax invoice will be sent once your payment is received.  
Our ABN is 98 696 304 966.

Payment will be made:

- By cheque** - please make cheques payable to The Law Society of New South Wales
- By credit card** - please complete the details below if you wish to pay by credit card

Please charge the following credit card for the amount of:

\$

- Visa
- Mastercard
- American Express

Card Number:

Expiry date:

 / 

Cardholder's Name:

Signature:



## Application for Reassessment

### SUBMISSION

Please select only ONE of the following two options for submission of the reassessment application:

#### **OPTION 1 – BY EMAIL**

Emailed to [specialists@lawsociety.com.au](mailto:specialists@lawsociety.com.au)

**Note:** Please ensure your form is scanned double sided where relevant and does not exceed the file size of 4MB.  
The onus is on the candidate to ensure that their reassessment application has been received.

OR

#### **OPTION 2 – BY COURIER OR POST**

Specialist Accreditation  
The Law Society of New South Wales  
170 Phillip Street, Sydney NSW 2000

**Note:** We do not accept faxed reassessment forms.

