



FORM 1

(Regulation 12(1))

THE LEGAL PROFESSION ACT

THE LEGAL PROFESSION (CONTINUING LEGAL PROFESSIONAL DEVELOPMENT) REGULATIONS, 2013

APPLICATION FOR ACCREDITATION OF CLPD COURSE OR ACTIVITY

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

Tel. No. _____ Fax No. _____

E-MAIL: _____

Subject Area of
Course/Activity: _____

(e.g. Company Law, Criminal Procedure)

Title of
Course/Activity: _____

(e.g. "Constructive Trusts between Vendors and Purchases")

Nature of
Presentation: _____

(e.g. face to face, seminar) (*Attach copy of course material*)

Location of
Presentation: _____

Name of
Presenter: _____

Qualifications and Experience of Provider: (N.B. Provider may be a group, institution or person taking responsibility for preparation and presentation. *Attach additional sheets where necessary*).

Qualifications and Experience of Presenter: (N.B. The Presenter is the person who actually delivers the lecture or conducts the seminar or other course or activity. *Attach additional sheets where necessary*).

Duration of
Presentation: _____
(At least 15% of the time must be dedicated to interactive participation)

Number of Credits
sought to be allotted to
the course/activity: _____

Dated the _____ day of _____ 20 _____

Signed: _____
Applicant