**Complaints Committee Application Form**

Applicants must complete all sections of this Application Form. Applications must be typed and submitted as one document (either Word or pdf). Handwritten forms or jpeg documents will not be accepted.

The completed Application Form, **together with a comprehensive and up-to-date Curriculum Vitae** detailing the Applicant’s qualifications and experience, must be submitted by email to us by the 06 August 2021 at noon (12pm).

**SECTION ONE – PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |

**SECTION TWO – ROLE(S) APPLIED FOR AND ELIGIBILITY**

|  |  |
| --- | --- |
| **Please confirm that** | Confirmation  Please tick |
| You are independent of the professional bodies as defined by the 2015 Act i.e. the Law Society, the Honourable Society of King’s Inns and the Council of the Bar of Ireland |  |
| You are NOT a practising solicitor or a practising barrister |  |
| If previously been a practising solicitor or a practising barrister, you have not been such in the period of 5 years immediately preceding that date  and  did not cease to be such as a result of a sanction imposed on you by a body that was authorised to require you to cease such practice |  |

**Section 3: Knowledge**

|  |
| --- |
| Please demonstrate your expertise in or knowledge of, at an appropriately senior level, ***one or more*** of the following: (max 500 words) |
| 1. **The Provision of Legal Services** |
|  |
| 1. **The maintenance of standards in a profession (including those regulated by a statutory body)** |
|  |
| 1. **The investigation and consideration of complaints relating to services** |
|  |
| 1. **the interests of consumers of legal services** |
|  |

**Section 4: Referees**

|  |  |  |
| --- | --- | --- |
| **References** | | |
| Please supply details of two referees. Referees will only be contacted if selected for appointment. | | |
| Name/ Position | Nature of Relationship | Email Address & Phone Number |
|  |  |  |
| Name/ Position | Nature of Relationship | Email Address & Phone Number |
|  |  |  |

**Section 4: Declaration**

|  |  |
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| **Declaration** | |
| By submitting this completed form for the role of the Committee Member, you are confirming that all information provided in this application is true and correct and that you have read the conditions of appointment outlined in the Advert. Please be aware that should any of the information provided in this application be found to be false, misleading or inaccurate in any material way, the Legal Services Regulatory Authority reserves the right to withdraw any offer of employment made to you or, if you have already commenced employment when this is discovered, to terminate your employment. | |
| **Name of Applicant:** |  |
| **Date of Submission:** |  |

The LSRA will process any personal data provided by you in connection with an application for this role in accordance with the General Data Protection Regulation and the Data Protection Acts 2018.