

HIGH COURT OF AUSTRALIA

HIGH COURT REGISTER OF PRACTITIONERS - APPLICATION FORM

Following the developments in the COVID-19 situation, and the need to protect our staff and all visitors to our buildings, we have decided to close our public facing counters from <u>Tuesday 24 March 2020</u>. While the counters are closed, we are still working in registries and remotely to provide services and support to practitioners via phone and other online services. So where possible applications for entry to the Register of Practitioners should be provided by email to the address below.

The Court WILL NOT be issuing certificates of admission or good conduct until further notice except in urgent circumstances, which should be outlined in your covering email.

Please <u>attach</u> copies of your Certificate of Admission and your current practising certificate or, if applicable, a letter from your employer advising the basis of your statutory right to practice without a practising certificate.

| CERTIFICATE REQUIRE (please select one): | D | | | | | | | |
|---|----------------|------------------|-------------|-------|----------------------|-------------------|--------|-------------------|
| SECTION A: PERSO | NAL DETAIL | <u>s</u> | | | | | | |
| TITLE: | FAMILY NAME: | | | | | | | |
| GIVEN NAME/S: | | | | | | | | |
| ADDRESS | | | | | | | | |
| (will be used to update your address details on our Register AND to mail out your requested document): | | | | | | | | |
| | | STATE: | TATE: | | | POSTCODE: | | |
| EMAIL ADDRESS: | | | | | | | | |
| TELEPHONE NUMBER: | | | | | | | | |
| FAX NUMBER: | | | | | | | | |
| SECTION B: ADMIS | SSION DETAI | <u>LS</u> | | | | | | |
| STATE OR TERRITORY OF ADMISSION: | | | | | | | | |
| DATE OF ADMISSION: | | | | | | | | |
| CAPACITY IN WHICH A | | | | | | | | |
| DATE OF SIGNING THE | f applicable): | | | | | | | |
| SECTION C: SIGNA supporting documents and | | | | ard o | copy applica | ation. Please so | an th | e application and |
| APPLICANT'S SIGNATURE: | | | | | | DATE: | | |
| SECTION D: FORW | ARD TO REG | ISTRY: | | | | , | | |
| Please scan and email the | signed applica | tion and attachn | nents to th | e M | lelbourne Re | egistry – details | s belo | w: |
| | | | | | For Office Use Only: | | | |
| Email: Melbourne.registry@hcourt.gov.au Subject line of email to read: Register of Practitio | | | ners | | Batch No. | | | |
| ☐ CANBERRA | | | | | Registry Received: | | | |
| PO Box 6309 KINGSTON ACT 2604 | | | | | Date Rece | rived: | | |