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| **Section 1: Appellant’s Information** | |
| **Last Name:** | **Click here to enter text.** |
| **First Name & Middle Name(s):** | **Click here to enter text.** |
| **Specialist List Applied For:**  (A separate form should be completed for each) | **Choose an item.** |
| Level Applied for: | Choose an item. |
| **Bar Number (5 digits):**  *Enter ‘S’ if you are a solicitor-advocate* | **Click here to enter text.** |

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| **Section 2: Current Chambers or Solicitors Firm** | |
| **Name of Chambers/Solicitors Firm:** | **Click here to enter text.** |
| **Work Address:** | **Click here to enter text.** |
| Correspondence Address:*(if different from above)* | **Click here to enter text.** |
| **E-mail Address** *(CJSM preferred)*: | **Click here to enter text.** |

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| **Section 3: Nature of Appeal** | |
| Nature of Appeal: | **Choose an item.** |

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| **Section 4: Reason(s) for Appeal** |

***All information you provide in this section will be treated in confidence. Please ensure that sensitive information is anonymised.***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Please provide your reason(s) for appeal, and any additional evidence.**

***Maximum of 500 words*.**

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| **Click here to enter text.** |

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| **Section 5: Optional Accompanying Document** |

**You may *optionally* submit only one accompanying document (e.g. a reference or an example of your work), which has not been submitted before, as supplementary evidence in support of your appeal. It is a matter solely for the applicant to decide which supporting document to submit, if any.**

**Accompanying Document attached?**

**Yes  No**

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| **Name of document attached:** | **Click here to enter text.** |

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| **Section 6: Declaration** |

***I declare that the information contained in this form is true and complete. The drafting and examples provided are my own. If any statement is found to be false or misleading, or if I have withheld relevant information, or copied the work of others, then my application may be disqualified or I may be removed from the Panel.***

***I confirm that I have read, and will work in accordance with, the Advocate Panel Members’ Commitment.***

***(Please tick the box to accept)***

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| **Name:** | **Click here to enter text.** |
| **Date:** | **Click here to enter text.** |