

The organisation:

Estimated hours per week:

Date volunteering work will end:

Full name of person supervising the volunteeer:

## Application for a Volunteer Practising Certificate: Notification from organisation

Applicants for a volunteer practising certificate issued by the Law Society of the ACT must have the organisation at which they will be volunteering complete this form. The applicant must upload the completed form along with their application for a volunteer practising certificate.

Full name of authorised person completing this form:  Full name of organisation:	I confirm that the volunteeer will not be remunerated by the organisation for their volunteering work.  Name:
The volunteer will be covered by the organisation's professional indemnity insurance policythroughout the period they are volunteering. The organisation's professional indemnity insurance is provided by:	Signature:
<del>-</del>	Date signed:
The volunteer:	
Full name of volunteer:	
Date volunteering work will commence:	

## To submit this form:

A completed copy of this form should be uploaded as part of the applicant's volunteer practising certificate application.

Authorised person completing this form:

If you have any questions regarding this form, email memberconnect@actlawsociety.asn.au