

# 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.

### The organisation:

Full name of authorised person completing this form:

Full name of organisation:

The volunteer will be covered by the organisation's professional indemnity insurance policy throughout the period they are volunteering. The organisation's professional indemnity insurance is provided by:

### The volunteer:

Full name of volunteer:

Date volunteering work will commence:

Estimated hours per week:

Date volunteering work will end:

Full name of person supervising the volunteer:

### Authorised person completing this form:

I confirm that the volunteer will not be remunerated by the organisation for their volunteering work.

Name:

Signature:

Date signed:

### To submit this form:

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

If you have any questions regarding this form, email [memberconnect@actlawsociety.asn.au](mailto:memberconnect@actlawsociety.asn.au)