LAW SOCIETY
OF IRELAND

CERTIFICATE OF ELIGIBILITY

PLEASE COMPLETE ALL SECTIONS AND RETURN APPLICATION FORM BY POST TO:

Administrator to Foreign
Qualified Lawyers
Education Department
Law Society of Ireland
Blackhall Place
Dublin 7

coe@lawsociety.ie

The Law Society does not accept, confirm or authorize scanned documents sent by email.

00353 1 - 6724802

WHAT HAPPENS NEXT?

Receipt of your application will be acknowledged by email.

Should the Law Society of Ireland require further documentation you will be contacted by email.

Incomplete applications will not be retained by the Law Society and will be returned to the applicant and refund of payment will be issued.

APPLICATION FORM FOR CERTIFCATE OF ELIGIBILITY

Please use the Statutory Declaration and Affidavit provided.

PERSONAL DETAILS

First Name:
(*Block Capitals*) _____

Surname:
(*Block Capitals*) _____

Permanent Address:
(*Block Capitals*) _____

_____

_____

Nationality:
(*Block Capitals*) _____

Date of Birth: _____

Place of Birth: _____

Email: (*Block Caps.)* _____

Mobile: _____

Telephone: (Office hours) _____

Personal Address for Correspondence:
(*Block Capitals*) _ _____

_____

_____

_____

Solicitor/Lawyer Register Number: _____

Name of Regulatory Authority _____

Address of Regulatory Authority _____

_____

Contact Details of Regulatory Authority Email address: - _____

Phone No.- _____

EDUCATION DETAILS

Please provide titles and details of all professional qualifications held and the jurisdictions in which they were gained.

Title e.g. Solicitor	Jurisdiction	Date of Admission / Call e.g. admitted to Roll of Solicitors

Professional Examinations passed and courses attended (i.e. Solicitors Qualifying Examinations): -

College/Centre where the course was taught and/or examinations sat	Title of Qualification Awarded	Date Certificate Awarded

Degrees, Diplomas held:

University/College	Title of Qualification	Date Course Commenced	Date Certificate Awarded

Certified copies of all of the above original certificates should be submitted with your application.

PLEASE MAKE THE FOLLOWING DECLARATIONS

Please Tick

1. **Have you ever been made bankrupt?** **Yes □ No □**

   If Yes, please supply details on a separate sheet and state whether you have been discharged and, if so, when?

2. **Do you have a conviction or a charge pending, for any crime (other than a motoring offence not resulting in disqualification) or has the Probation Act been applied in respect of any charge against you?** **Yes □ No □**

   If yes, please supply details on a separate sheet and you should ensure that at least one of your referees is a person who has full knowledge of the conviction(s) and that this is indicated in their reference.

3. **Have you at any time been found guilty of professional misconduct by a disciplinary tribunal or are any proceedings before a disciplinary tribunal pending?** **Yes □ No □**

   If yes, please supply details on a separate sheet

4. **Have you at any time been suspended from professional practice by your Professional Authority/Body?** **Yes □ No □**
   If yes, please supply details on a separate sheet

5. **Have you made an application to the Honorable Society of Kings Inns to qualify as a barrister in Ireland?** **Yes □ No □**
   If yes, please supply details on a separate sheet

6 **Have you now, or have you had, a mental illness or psychiatric disturbance?** **Yes □ No □**

   If yes, please supply details on a separate sheet

7. **Have you fulfilled the post-qualification experience requirement in relation to New York, California, Pennsylvania.** *Please attach employer reference confirming this (on headed paper)* **Yes □ No □**

8. **Have you previously attempted or passed the Law Society's Entrance Examination 'FE-I'**

   Yes □ No □

   Please state year(s) _____

PROFESSIONAL TRAINING, PRACTICE AND EXPERIENCE

Please provide details of your professional training, practice and experience to date. If you have been out of legal practice for any period since your qualification, please provide details.

Full name & Address of Supervising/Training Master/ Employer/Place of Practice	Dates (Month – year)	Nature of duties and Areas of law covered

DETAILS RELATING TO YOUR HOME JURISDICTION(S) PROFESSIONAL STATUS

Are you entitled to practice in your home jurisdiction? **Yes** □ **No** □
Home jurisdiction is the jurisdiction(s) where you are currently admitted.

If you are not entitled to practice in your home jurisdiction (e.g. because you do not hold a current practicing certificate or you are not on the current practicing register) please provide an explanation below stating**:**

(i) The reason why you are not entitled to practice in your home jurisdiction.

(ii) Whether you know of any reason why, if you were to apply to become entitled to practice in your home jurisdiction, such an application would be refused.

It would be helpful for the Law Society, if you would indicate your intentions as to practice or employment following your admission to the Roll of Solicitors in the Republic of Ireland.

Please provide any further information as to character; qualifications or experience, which you think, should be taken into consideration. (Continue on a separate sheet if necessary.)

Referee 1

Name	
Address:	
Occupation:	

Referee 2

Name:	
Address:	
Occupation:	

Referee Three

Name:	
Address:	
Occupation:	

Title/Address of person certifying documents
Please note this must also appear on the certified copy documents(s).

Name and Title	
Address:	

STATUTORY DECLARATION

I understand that the Law Society of Ireland must be advised if, prior to my admission to the Roll of Solicitors, I am convicted of an offence in any Court (other than a motoring offence not resulting in disqualification).

I therefore undertake that I will notify the Society of any such convictions after the time of this application.

I also undertake to advise the Society if I become bankrupt or if I am found guilty of professional misconduct or if any proceedings are taken against me.

Signature of Applicant: _____

Date: _____

I hereby apply for a Certificate of Eligibility and sincerely declare that the facts set out by me in support of the above application are true. I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declarations Act 1835.

Signature of applicant: _____

Declared before me by the said _____

who is personally known to me at _____

_____

this _____ day of _____ 20_____.

_____

COMMISSIONER FOR OATHS [ ] / LAWYER [ ]
Please tick where appropriate
Empowered to Administer Oaths or Take Declarations

PRECEDENT

A FF I D A V I T O F S O L V E N C Y

I,_____of_____

_____ aged eighteen years and upwards hereby make oath and say:

1. I have never been adjudicated bankrupt in the jurisdiction of _____ [jurisdiction in which you reside] or any other jurisdiction.

2. I have not either in the jurisdiction of _____ [jurisdiction in which you reside] or in any other jurisdiction compounded with or entered into any arrangements with my creditors.

~~**DEPONENT**~~ _____

SWORN AT:

_____

_____

this _____ day of _____20_____

before me a Commissioner for Oaths/Lawyer empowered to administer Oaths and I know the

Deponent.

_____

COMMISSIONER FOR OATHS [ ] / LAWYER [ ]
(please tick where appropriate)
Empowered to Administer Oaths or take Declaration