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| **Creation of Specialisation Application Form** | | | | | | | | | | | | | | | |  | |
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| **Please read the accompanying** [**protocol**](https://www.lawscot.org.uk/members/membership-and-registrar/accredited-specialists/proposing-new-specialisms/) **before completion**  **Once complete please submit the form by email to** [**specialistaccreditation@lawscot.org.uk**](mailto:specialistaccreditation@lawscot.org.uk)  **When saving your completed application, please do not enable macros in the document as this will delay email delivery of the completed application.** | | | | | | | | | | | | | | |  |  | |
| **Part 1: General Information** | | | | |  |  | |  |  | | |  |  |  | | |  | |
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| 1. | Name of proposed specialism | | | |  | | | | | | | | | |  |  | |
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| 2. | Full name of Proposer | | |  | | | | | | | | | | |  |  | |
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| 3. | Business name | | |  | | | | | | | | | | |  |  | |
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|  | Postal address | | |  | | | | | | | | | | |  |  | |
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|  | Legal Post | |  |  | | | | | | | | | | |  |  | |
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|  | Telephone No: | | |  | | | | | | | | | | |  |  | |
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|  | E-mail: | |  |  | | | | | | | | | | |  |  | |
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| 4. | Address for correspondence, if different from above. | | | | | |  | | |  |  | | | |  |  | |
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| 5. | Year of receiving your first unrestricted practising certificate as a solicitor in Scotland | | | | | | |  | | | | | | |  |  | |
|  |  | |  |  |  |  | |  |  | | |  |  |  | | |  | |
| 6. | What is your present position (e.g. principal, associate, assistant, in-house lawyer) | | | | | | | | | | | | | |  |  | |
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| **Part 2: Details of the proposed specialism** | | | | | |  |  |  |  |  | | |  | |
| 7. | Describe and define the nature and extent of the proposed area of specialisation. – if necessary, please detail on attach a paper apart. | | | | | | | | | |  |  | |
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| 8. | Define why this area sits apart from other areas of law/specialisation – if necessary, please detail on and attach a paper apart. | | | | | | | | | |  |  | |
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| 9. | Approximate number of solicitors practising in this area of law/specialisation (and, where possible, approximate interest from that group who would be interested in becoming specialists) | | | | | | | | | |  |  | |
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| 10. | Approximate number of matters/transactions per annum in this area of law/specialisation (if known) | | | | | | | | | |  |  | |
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| 11. | Where relevant, an approximate value in fees or notional fees per annum in this area of law/specialisation (if known). | | | | | | | | | |  |  | |
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**Part 3: Proposer and supporting signatories:**

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| 12. | Details of 6 signatories (including the proposer who declare they are willing to support the creation of a specialisation in this area if it is accepted. All 6 parties should submit a brief CV  GDPR, Data Protection Act 2018. For information about how we use your personal data see our [privacy policy](https://www.lawscot.org.uk/website-terms-and-conditions/privacy-policy/) at [www.lawscot.org.uk](http://www.lawscot.org.uk). Fees and Practice Rules see [www.lawscot.org.uk](http://www.lawscot.org.uk/) | |  |  |
|  |  | |  |  |
| (1) | Proposer: | |  |  |
|  | Signature: | Date: |  |  |

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|  | **Co-signatories** | |  |  |
| (2) | Co-signatory: | |  |  |
|  | Profession/nature of interest | |  |  |
|  | Eligible to become an accredited specialist? | Yes/no |  |  |
|  | Address | |  |  |
|  | Signature | Date |  |  |
|  |  | |  |  |
| (3) | Co-signatory: | |  |  |
|  | Profession/nature of interest: | |  |  |
|  | Eligible to become an accredited specialist? | |  |  |
|  | Address: | |  |  |
|  | Signature | Date: |  |  |
|  |  | |  |  |
| (4) | Co-signatory: | |  |  |
|  | Profession/nature of interest: | |  |  |
|  | Eligible to become an accredited specialist? | Yes/no |  |  |
|  | Address | |  |  |
|  | Signature | Date |  |  |
|  |  | |  |  |
| (e) | Co-signatory: | |  |  |
|  | Profession/nature of interest: | |  |  |
|  | Eligible to become an accredited specialist? | Yes/No |  |  |
|  | Address: | |  |  |
|  | Signature: | Date: |  |  |
|  |  | |  |  |
| (f) | Co-signatory: | |  |  |
|  | Profession/nature of interest: | |  |  |
|  | Eligible to become an accredited specialist? | Yes/no |  |  |
|  | Address: | |  |  |
|  | Signature | Date: |  |  |