

**ASA**

**Application to be Accredited as an Approved Solicitor Arbitrator**

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| **PLEASE TYPE OR PRINT IN BLOCK LETTERS**  **(please read the notes** [**on our website**](https://www.lawscot.org.uk/members/career-growth/specialisms/areas-of-specialism/) **before completion)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1st Accreditation | | |  | | | ✔ | | | Renewal | | | | | | | | |  | | | | ✔ | | | |  | | | |  | | |  | | |
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| **Section 1 - Details of Solicitor – If submitting with Arbitration Specialist accreditation form please only complete Society ID and Name and proceed to Section 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Society ID | |  | |  |  | |  |  | | |  |  | | |  |  |  | | |  |  | |  |  | | |  | |  | |  |  | |  | |  |
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| Title | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |
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| First Name(s) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Surname | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Home Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Post Code: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Business Name | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Post Code: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | LP Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | Business | | | | | | | | | | |  | | | | | | | | | | | | Mobile | | | | | | | | | |
| Telephone No(s) | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Email | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date of Birth | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date of current accreditation as a specialist in Arbitration Law |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 2 Competence and Relevant Experience – use separate sheet/s for each question in this section** | | |
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| Please provide details of two anonymised Arbitration Awards you have delivered in the five years preceding the date of this application using the Schedule guide at the end of this application  AND/OR | | |
| Evidence of relevant decision making in Judicial or quasi-judicial roles, eg Temp Sheriff or Tribunal Chair. | | |
|  | | |
| AND/OR | | |
| Provide evidence of formal training such as Fellowship of the Chartered Institute of Arbitrators or membership of the panel of arbitrators of the Family Law Arbitration Group or equivalent. | | |
| Are there any other matters bearing on your competence or relevant experience to act as a solicitor arbitrator which the Society should be aware? | | Yes/No |
|  | | |
| If “yes”, please give full details. | | |
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| Please give details of membership on any relevant Bodies on which you have served in the last 5 years. | | |
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| **Section 3 - Declaration** | | | |  | |
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| I authorise the Society to seek confirmation from third parties of any matters pertinent to a proper consideration of this form. | | | | | |
| I understand that any wilful omission or mis-statement made in this application is likely to lead to the refusal or withdrawal of an accreditation, and may moreover be treated as professional misconduct by the Society for the purposes of the disciplinary provisions of the Solicitors (Scotland) Act 1980. | | | | | |
|  | | | | | |
| I undertake to notify the Society of any significant change in the information provided in this application whether it arises before or after the grant of any accreditation. | | | | | |
|  | | | | | |
| I understand that although the Society may issue a renewal reminder the primary obligation to reapply rests with me to seek renewal of accreditation no later than 6 weeks before the expiry of my accreditation. | | | | | |
|  | | | | | |
| The information given in this form is correct and complete to the best of my knowledge and belief. | | | | | |
|  |  |  |  |  | |
| Signature |  | Date |  |  | |
|  |  |  |  |  | |
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| 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/) | | | | | |
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| **Returning the Form** | | |  |  | |
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| Before returning the form please check the following: | | | |  | |
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| * Is the form signed? | | | | | ✔ |
| * Has payment been organised? The payment can be made via BACS or credit card. Please contact [**specialistaccreditation@lawscot.org.uk**](mailto:specialistaccreditation@lawscot.org.uk) to confirm how you wish to pay. | | | | | ✔ |
| * Has any additional information been labelled with relevant section and title and/or schedules been securely attached to the form? | | | | | ✔ |
| Please return the form, supporting documents and list of enclosures 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.** | | | | | |
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# Schedule Guides

**Award information**

|  |  |  |
| --- | --- | --- |
| **Year / Case** | **Type** | **Role** |
|  |  |  |
| **Circumstances** |  | |
| **Include extract of awards** |  | |

**Judicial / Quasi-Judicial roles**

|  |  |  |
| --- | --- | --- |
| **Year / Case** | **Type** | **Role** |
|  |  |  |
| **Circumstances** |  | |
| **Details** |  | |

**Formal training / qualifications**

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| **Year** | **Approving body** |
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| **Detail** |  |