



For Office Use Only

THE LAW SOCIETY OF SCOTLAND
APTITUDE TEST FOR EU QUALIFIED LAWYERS
APPLICATION FOR ENROLMENT
(All questions to be answered)

Subject of Examination : .....

1. Full name and address :

.....
.....
.....

Telephone No: ..... Email Address: .....

2. Date of admission as solicitor in .....

3. Professional title (e.g. Avocat, Rechtsanwalt) .....

4. Home Bar Association .....

5. If candidate has previously enrolled for the Law Society examination, state date(s) .....

6. Some candidates may require adjustments to the exam procedures to ensure the fairness of the assessment. If required, please state clearly the nature of the adjustment, the reasons for it, and provide evidence to support your application (please indicate on a separate piece of paper and submit with enrolment form, fees and relevant enclosures).

DECLARATION:

I GRANT PERMISSION TO THE LAW SOCIETY OF SCOTLAND TO CONFIRM MY EXAM RESULTS TO CLT AT THE UNIVERSITY OF STRATHCLYDE IF THAT INFORMATION IS REQUESTED SO THAT THEY MAY UPDATE THEIR RECORDS ACCORDINGLY IN RELATION TO MY ENROLMENT ON THE CORRESPONDENCE COURSE.

SIGNATURE- .....

I WISH TO BE ENROLLED FOR THE ABOVE EXAMINATION TO BE HELD IN EDINBURGH ON

(Date) : .....

I enclose cheque for £ ..... in payment of fee

Please return to:
Martyn Robinson
Qualifications Coordinator
Education, Training & Qualifications, Law Society of Scotland
Atria One, 144 Morrison Street, EDINBURGH, EH3 8EX

SIGNATURE: .....

NAME IN BLOCK CAPITALS: .....

DATE .....

Fee for enrolment £80