**Application Form**

**Membership of Incapacity and Mental Disability Law Specialist Accreditation Panel**

**Part 1 - General Information**

Your details:

Full Name:

Home Address:

Telephone No:

Email:

Business

address:

Telephone No:

Email:

Which email address would you prefer the Society to use for correspondence:

Home [ ]  Business [ ]

Do you have any criminal convictions or charges pending Yes [ ]  No [ ]

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| --- | --- | --- |
| Details | Date | Outcome |
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Regulatory Body Proceedings/Proceedings Pending:

Please list any disciplinary proceedings taken or pending against you by any professional or regulatory body that you are, or have been registered with.

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| --- | --- | --- |
| Details | Date | Outcome |
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Do you have any business, political or personal interest which may lead to, or could be perceived to present a conflict of interest with the regulatory work of the Society or the work of the Panel if you were to be appointed?

Yes [ ]  No [ ]

If you have answered “Yes”, please give details below.

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**Part 2 - Skills and Experience**

Please support your application by detailing your skills and experience which are relevant to the area of law the panel considers and your ability to analyse and assess information.

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Skills and experience continued:

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Please add any other details relevant to this application.

Signed:

Date:

Please submit your completed application to elainemacglone@lawscot.org.uk by **24 September 2024**

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)