**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

|  |  |  |
| --- | --- | --- |
| Details | Date | Outcome |
|  |  |  |
|  |  |  |
|  |  |  |

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.

|  |  |  |
| --- | --- | --- |
| Details | Date | Outcome |
|  |  |  |
|  |  |  |

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.

|  |
| --- |
|  |

**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.

|  |
| --- |
|  |

Skills and experience continued:

|  |
| --- |
|  |

Please add any other details relevant to this application.

Signed:

Date:

Please submit your completed application to [elainemacglone@lawscot.org.uk](mailto: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)