

## Application for a practising certificate authorising the receipt of trust money

**Note:** Use this form when applying for the grant of a new practising certificate authorising you to receive trust money, or when varying an existing practising certificate to authorise you to receive trust money.

### Section A – Application

1. I, \_\_\_\_\_, of \_\_\_\_\_,  
(name of applicant) (address of applicant)  
hereby request that I be granted an Australian practising certificate which allows me to be authorised to receive trust money in accordance with section 47(2) of the Legal Profession Uniform Law (Victoria).
2. My application is based upon:
- I have successfully completed a trust account management course in Victoria within the last five years.
  - I have successfully completed a trust account management course in another jurisdiction of Australia within the last 5 years. (please complete section B); or
  - Within the last five years I have been authorised to receive trust money in another common law jurisdiction for at least 2 years' continuous duration (please complete sections C and D); or
  - I have been a lay associate of a law practice in Victoria, I hold a recognised accounting degree qualification, and have at least 2 years' demonstrable experience in the operation of a law practice trust account (please complete section D); or
  - Within the last 5 years I have been a licenced conveyancer in Victoria with at least 2 continuous years' demonstrable experience in the operation of a trust account (please complete section D).

### Section B – Completion of Trust Accounting Course (if applicable)

3. On \_\_\_\_\_, I completed a trust accounting course at \_\_\_\_\_  
(date) (provider)  
in \_\_\_\_\_, which was a prerequisite for obtaining a practising certificate  
(Australian or overseas jurisdiction)  
with trust authorisation in that jurisdiction.

\* Please attach a copy of your certificate of completion and a course outline that details the topics, duration, mode of delivery and assessment criteria for the trust accounting course.

### Section C – Authorised to receive trust money in another jurisdiction (if applicable)

4. Between \_\_\_\_\_ and \_\_\_\_\_, I held a practising certificate in \_\_\_\_\_  
(date) (date) (jurisdiction)  
which authorised me to receive trust money in that jurisdiction.

\* Please attach a copy of your practising certificate(s) for the above period, which detail your authorisation to receive trust money.

**Section D – Experience operating a trust account (if applicable)**

5. Between \_\_\_\_\_ and \_\_\_\_\_, I held the role of \_\_\_\_\_  
(date) (date) (position title)  
at \_\_\_\_\_.  
(law practice or conveyancing office)

6. In order to hold the above position, I have the following licence and/or qualification:

---

---

---

7. In my role as \_\_\_\_\_, I completed the following duties for the operation  
(position title)  
of a trust account:

---

---

To support your application, please provide evidence substantiating your answers to questions 5 to 7 above. The following material may be considered satisfactory evidence:

- evidence you have completed a recognised accounting qualification;
- evidence of your conveyancer's licence;
- copy of your position description(s) which outline the trust account duties you have performed;
- reference from external auditors, detailing previous audits performed on conveyancer trust accounts and any findings;
- reference from external auditors and/or principals with trust authorisation, attesting to the knowledge and skills you hold in relation to operating a law practice trust account.

**Section E – For your information**

The Board will notify you in writing of its decision as soon as practicable. Please note that notification may be delayed if the Board requires further information from you (or third parties) regarding this request.

**Section F – Certification**

I certify that the information set out in this form is true and correct and I have not omitted any relevant information.

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete the above form and ensure you have provided any relevant attachments. Email to: [Registry@lsbc.vic.gov.au](mailto:Registry@lsbc.vic.gov.au)**