



THE SCOTTISH LEGAL AID BOARD

Children's Legal Assistance Register

Application for registration by firm of solicitors

SOLICITOR

This form is for use by a firm of solicitors

Please complete this form fully otherwise it may not be possible to process your application.

FIRM'S DETAILS

Name of firm:	
Firm legal aid code:	
Principal business address:	
Telephone number:	
Name of compliance partner: (see Code of Practice paragraph 2.3.3.3.)	

DECLARATION

- As Compliance Partner/sole practitioner in the above firm, I apply for the name of the firm to be entered in the Children's Legal Assistance Register.
- I confirm that all the details contained in this application are correct.
- I confirm that the above firm complies with, and will continue to comply with, the Code of Practice in relation to Children's Legal Assistance.
- I confirm I will undertake the responsibilities of Compliance Partner as described in paragraph 2.3.3.4. of the above Code.

Signature:
(compliance partner/sole practitioner)

Date:

Please send the completed form and any document(s) to: e-mail address CHLARU, The Scottish Legal Aid Board, 44 Drumsheugh Gardens, Edinburgh, EH3 7SW (DX 555250 General Mail, Edinburgh 30)

