

CPD self-audit status application

Form guidelines

Use this form to apply for CPD self-audit status.

Self-auditing organisations assume responsibility for assisting their lawyers to comply with the Lawyers and Conveyancers Act (Lawyers: Ongoing Legal Education – Continuing Professional Development) Rules 2013 (CPD Rules). Only organisations with a minimum of 20 lawyers may apply for self-auditing status.

Before completing this form, please read the "Self-audit status – background information", which you will find on the website of the New Zealand Law Society Te Kāhui Ture o Aotearoa (Law Society).

Privacy and information handling policy

The personal information collected and held by the Law Society will be used to process and access your application, and for purposes connected with the Law Society's regulatory functions.

Further information about how the Law Society handles information including personal information is set out in the Law Society's Information Handling Policy, which can be viewed at lawsociety.org.nz/privacy. This policy also contains information about an individual's right to access and seek correction of their personal information. Please read this policy before completing this form. If you have any queries about the Information Handling Policy, please email our Privacy Officer at privacy@lawsociety.org.nz.

1 Organisation details

Name of organisation

Postal address

Law Society law firm ID

Number of lawyers in organisation

Type of organisation

Law firm

Incorporated law firm

Other, please specify

Law firm branch

Incorporated law firm branch

Barrister practice

In-house lawyers

2 Person applying on behalf of organisation

Name

Position in organisation

Phone

Email

Signed

Date (dd/mm/yyyy)

3 Proposed CPD officer

This section needs to be completed by the proposed CPD officer.

Name

Position in organisation

Phone

Address (if different from organisation)

Email

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Yes No

3 Proposed CPD officer continued

Do you agree to an audit of your CPDPR?

Yes No

Are you aware of any matter that may adversely affect your ability to carry out this role?

Yes No

If yes, please disclose

Signed

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Date (dd/mm/yyyy)

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Sending this form

Please return via email:

✉ CPDinquiries@lawsociety.org.nz

For further information, contact:

✉ CPDinquiries@lawsociety.org.nz
🌐 www.lawsociety.org.nz/cpd