

30 June 2017 – 30 June 2018

**FORM 1A - ADDITIONAL PRACTITIONER**

**POST:** Law Mutual (WA)  
PO BOX Z5345, PERTH WA 6831  
(DX 173 PERTH)

**EMAIL:** info@lawmutualwa.com.au

**ENQUIRIES:** (08) 9481 3111

**IN PERSON:** The Law Society of Western Australia  
Level 4, 160 St Georges Terrace  
Perth WA 6000

*Original copy not required. If sending by email, please scan and attach a signed copy of the completed form.*

**PLEASE COMPLETE A SEPARATE FORM FOR EACH ADDITIONAL PRACTITIONER**

1. Name of Partnership / Incorporated Legal Practice / Sole Practitioner:

2. Practice Street Address:

Suburb: State: Postcode:

Postal Address:

Suburb: State: Postcode:

Phone: Mobile:

Email:

3. Full Name and status of Additional Practitioner

Roll ID State of Admission Surname Given Names

Status: e.g. Employed Solicitor / Partner / Director:

Date commenced this new position:

Practitioner's Email:

If part-time – Number of hours to be worked per week:

4. Was this additional practitioner employed with the Law Practice, during Law Graduate training and included as a general employee on the Law Practice's assessment form when insurance was taken out for the 2016/17 insurance year? Yes No

**DECLARATION**

I declare that the contents of this form are true and correct.

Signed: Date:

**Must be signed by a Practitioner Director/Partner or Sole Practitioner**

Name of signee:

Name of authorised contact of business if different from the above: