

BARRISTER MEMBERSHIP APPLICATION FORM



Each barrister wishing to be listed on the ALEP website under their Chambers profile must complete an individual application form and submit it with their Practising Certificate and the correct payment (£160 + VAT = £192).

Please note that any information provided may be used by the Committee to establish whether to accept the application for membership. The information will be treated in strictest confidence and in accordance with our Privacy Policy, which can be found online at alep.org.uk. The Committee reserves the right to request any additional information in relation to this application.

PLEASE COMPLETE IN CAPITALS.

YOUR DETAILS

Name: *Mr/Ms/Mrs/Other:* _____

Name of Chambers: _____

Address: _____

_____ Postcode: _____

Telephone: _____ Email: _____

Website: _____

Bodies of which you are personally a member: _____

Bodies of which your Chambers is a member/accreditations held by your Chambers (if applicable):

YOUR EXPERIENCE

How long have you practised in the field of leasehold enfranchisement? _____ years.

Please indicate your year of call: _____

Advocacy: Please give the approximate number of enfranchisement cases you have worked on in the Court of Appeal, High Court, County Court, Lands Tribunal or LVT in the past 12 months:

Paperwork/advice: Please give the approximate number of enfranchisement cases you have advised on in the past 12 months (not including those already covered under 'Advocacy'):

On a separate piece of paper, please list any reported enfranchisement decisions/significant enfranchisement cases, as appropriate.

In the following tables please give details of two cases:

Case one:

Case name	
Case description (100 words max)	
Instructing solicitor	
Opposing counsel	
Outcome (if concluded)	

Case two:

Case name	
Case description (100 words max)	
Instructing solicitor	
Opposing counsel	
Outcome (if concluded)	

YOUR REFERENCES

Please provide details of two professionals from whom we may obtain references by telephone (either two solicitors or one solicitor and one valuer). Please note that these references are for internal ALEP use only. You must also sign the declaration overleaf.

Referee one:

Name: *Mr/Ms/Mrs/Other:* _____

Position: _____ Organisation: _____

Telephone: _____ Email: _____

Address: _____

Is the referee associated with case outlined on this application?: _____

Referee two:

Name: *Mr/Ms/Mrs/Other:* _____

Position: _____ Organisation: _____

Telephone: _____ Email: _____

Address: _____

Is the referee associated with case outlined on this application?: _____

DECLARATION

I certify that I am qualified to make an application to join ALEP as per the Association's constitution (available on www.alep.org.uk). I confirm that the statements contained in this application are true.

Name (please print): _____ Date: _____

Signature: _____

Please return this application form and a copy of your Practising Certificate to **ALEP, The Workshop, 32-40 Tontine Street, Folkestone, CT20 1JU.**

(Please tick method of payment.) We wish to pay collectively by BACS

Cheque enclosed made payable to 'ALEP' (£160 plus VAT = £192)

Cheques will only be processed once membership is accepted. If paying by BACS, we will inform you of the bank account details once your application has been approved.

If you require further information, please contact ALEP via email info@alep.org.uk.