

|                                       |  |             |  |
|---------------------------------------|--|-------------|--|
| Applicant firm name:                  |  |             |  |
| Firm ID:<br>(Grants Online username)  |  |             |  |
| Location:                             |  |             |  |
| Practice type:                        | <input type="checkbox"/> Sole practitioner<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Incorporated legal practice |             |  |
| Business address:                     |  |             |  |
| Postal address:                       |  |             |  |
| DX number:                            |  |             |  |
| Email address for LAQ communications: |  |             |  |
| Telephone number:                     |  | Fax number: |  |

Please indicate which preferred supplier sub lists you are applying for:

|  |  |
|--|--|
| <p><b>Family Law</b></p> <p><input type="checkbox"/> Family Law General</p> <p><input type="checkbox"/> Commonwealth Cross Examination Scheme</p> <p><b>Civil Law</b></p> <p><input type="checkbox"/> Civil Law – Child protection</p> <p><input type="checkbox"/> Civil Law – Administrative law</p> <p><input type="checkbox"/> Civil Law – Anti-Discrimination</p> <p><input type="checkbox"/> Civil Law – Domestic violence</p> <p><input type="checkbox"/> Civil Law – Inquests</p> <p><input type="checkbox"/> Civil Law – Proceeds of crime</p> <p><input type="checkbox"/> Civil Law – Veterans and defence</p> <p><input type="checkbox"/> Civil Law – Workers compensation</p> | <p><b>Criminal Law</b></p> <p><input type="checkbox"/> Criminal Law (General)</p> <p><input type="checkbox"/> Criminal Law (Life)</p> <p><input type="checkbox"/> Criminal Law (Youth)*</p> <p><b>*Please list below the names of all practitioners undertaking youth crime matters:</b></p> |
|--|--|

## Application checklist

Please ensure you have included the following documents before submitting your application:

| Documents required:   |                          |
|---|--------------------------|
| Completed and signed <i>Preferred Supplier Applicant Checklist – existing firms</i>                               | <input type="checkbox"/> |
| Signed Preferred Supplier Agreement   | <input type="checkbox"/> |
| Signed agreement regarding recipient created tax invoices form (only required if changes to bank account details) | <input type="checkbox"/> |
| A copy of the applicant's unrestricted principal practising certificate   | <input type="checkbox"/> |