

Private Counsel Registration Form

1. Contact Details

First Name:		Last Name	
Email:			
Postal Address			
Street Address:			
Suburb:		State	Choose State*.
Postal Code:			
Phone Number:			
Mobile Number:			

2. Practice Details

Business Name:		A.B.N:	
Year Admitted to the bar:			
What percentage of your practice has been in Criminal Law?			
Chambers Location:			
Clerk Name:			
Clerk Phone:			
Clerk Email Address:			

3. Briefing

Areas of Criminal Law that you have practiced in. Select one or more

<input type="checkbox"/> Child Sexual Assault	<input type="checkbox"/> Matters of Violence
<input type="checkbox"/> Sexual Assault (including Historical Matters)	<input type="checkbox"/> Dangerous Driving Occasioning Death
<input type="checkbox"/> Fraud	<input type="checkbox"/> Robbery and Theft
<input type="checkbox"/> Drug Offences	<input type="checkbox"/> Other

Areas of Criminal Law you wish to be briefed in:			
Areas of Criminal Law that you would prefer not to be briefed in:			
Major centres where you are prepared to accept briefs and appear. Select one or more			
Sydney Metropolitan		Regional	
<input type="checkbox"/> Sydney		<input type="checkbox"/> Dubbo	
<input type="checkbox"/> Campbelltown		<input type="checkbox"/> Gosford	
<input type="checkbox"/> Parramatta		<input type="checkbox"/> Lismore	
<input type="checkbox"/> Penrith		<input type="checkbox"/> Newcastle	
		<input type="checkbox"/> Wagga Wagga	
		<input type="checkbox"/> Wollongong	
Note: Travel and accommodation fees are not payable for Sydney Metropolitan briefs.			
Are you willing to travel for circuit work? (outside of the major centres)?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Nominate circuits you are interested in			
Have you been briefed by ODPP before?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
4. Referees			
Please provide the names and contact details of at least two nominated professional referees who can be contacted in relation to your skills and experience, and your suitability to conduct work for the ODPP.			
Name:		Name:	
Position/Role:		Position/Role:	
Phone:		Phone:	

Email:

5. Acknowledgement

Acknowledgement

- I have knowledge of the NSW Criminal Law, the rules of evidence and the Prosecution Guidelines. I have the capacity and willingness to apply them.
- I have read the Information Sheet for Non-Salaried Crown Prosecutors.
- I have read and understood the Terms and Conditions set out by ODPP.