



## Completion of Accredited Law Practice Management Course (ALPMC)

The completed document must be submitted to [pcpii@lawsocietysa.asn.au](mailto:pcpii@lawsocietysa.asn.au)

### Personal Information Collection Statement

The Law Society of South Australia (Society) collects Personal Information in accordance with the *Privacy Act 1988 (Cth)* (Privacy Act) and the Australian Privacy Principles (APPs) set out in the Privacy Act. If you would like to know more about how your Personal Information is collected, used, held, or disclosed, you may view a full copy of the Privacy Policy at <https://www.lawsocietysa.asn.au/privacy>, or contact us at [privacy@lawsocietysa.asn.au](mailto:privacy@lawsocietysa.asn.au). By completing and signing this form and providing it to the Society, you consent to the collection of your Personal Information and acknowledge its use by the Society in accordance with their Privacy Policy. If you do not provide us with the requested Personal Information, or if the Personal Information provided is incorrect or incomplete, we may not be able to provide you with the appropriate regulatory advice and support, which may cause you to be in breach of your statutory obligations.

### Instructions

If you are the holder of a Category A or B practising certificate which is subject to a condition to complete an ALPMC within a specified period of time you will need to submit this form in order to have that condition removed.

If you are the holder of an unrestricted Category C practising certificate you will need to submit this form to confirm compliance with [LPEAC Rule 12\(3\)\(b\)](#) and to request transfer to a Category A or B practising certificate.

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### Personal Details

Your details will not be provided to third parties unless the Society is legally compelled to do so.

**Full Name:**

**Date of Birth:**

**Home Address:**

**Suburb:**

**State:**

**Postcode:**

**Personal Mobile:**

**Personal Email:**



**Practice Details**

**Note:** If you are practising you must provide a business address. If you conduct a law practice from your residential address and don't want that address provided to third parties, you will need to provide an alternative address here for practice-related matters.

**Business Name:**

**Business  
Address:**

**Suburb:**

**State:**

**Postcode:**

**Postal Address  
(if different)**

**Suburb:**

**State:**

**Postcode:**

**Work Telephone:**

Work Mobile:

**Work Email:**

**If you currently hold an unrestricted Category C or D practising certificate,  
do you want to transfer to a Category A or B practising certificate?**

**Yes**

**No**

Please attach a letter or certificate of completion from the accredited LPMC provider.