

ASSOCIATION OF CHILD ABUSE LAWYERS
MEMBERSHIP APPLICATION FORM

Please give answers to the following questions

- 1. Full name:**
- 2. Name and address of firm, chambers or other organisation:**

Types of work undertaken by that firm etc. If applicable state whether your firm /organisation holds a Legal Aid Franchise for personal injury /clinical negligence work

3. Personal injury and Other Experience

(a) Membership of APIL, AVMA PIBA, Personal Injury. clinical Negligence Panel Member

(b) Length of Time in Personal Injury Practice

(c) Position in firm or chambers /other organisation

(d) Other types of work undertaken by you personally

- 4. Experience in cases involving compensation claims made in behalf of child, adult or mentally handicapped people who have been abused**

Please give a brief description of the number and type of cases (ie CICA/CICB or litigation) you are at present handling or on which you are advising. Please state whether you act for the Claimant /Defendant in litigation cases.

- 5. Experience in cases other than compensation claims relating to child, adult or mentally handicapped people who have been abused. i.e. family, mental health work.**

6. Membership of Associations/ Organisations involved in the sphere of Child Abuse/work with the mentally handicapped

7. Relevant Courses Attended or Articles /Books written

8. Date of Call / Date of Admission to Roll of Solicitors

9. Date of Admission to Professional Body.

Members Undertaking

I agree to support the aims of the Association of Child Abuse lawyers as expressed in its Memorandum of Association and to abide by its Articles.

Signed

Dated

I enclose my membership fee as a:

- | | | |
|--------------------------|--|-------------|
| <input type="checkbox"/> | Solicitor (Large Firm) | £150 |
| <input type="checkbox"/> | Solicitor (< 5 Partners) | £100 |
| <input type="checkbox"/> | Sole Practitioner, Expert,
Barrister, and other non-legal | £85 |
| <input type="checkbox"/> | Student member | £40 |

Return Completed Membership form and cheque to:

Association of Child Abuse Lawyers (ACAL)
Suite 5, Claremont House, 22-24 Claremont Road, Surbiton, KT6 4QU : DX 57714
Surbiton 1 Rickmansworth
Herts, WD3 5YU