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| --- | --- | --- | --- | --- |
| *Please complete this form and send with your one page CV to crownsol@cso.nsw.gov.au* | | | | |
| *Contact Details:* | | |  | |
| Counsel Name: |  | | | |
| Title: | Mr  Ms  Mrs  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Gender: | Male  Female  Non-binary  \_\_\_\_\_\_\_\_\_\_ | | | |
| Chambers: |  | | | |
| Street Address: |  | | | |
| PO Box (if used): |  | | | |
| Email Address: |  | | | |
| Phone Number: |  | | | |
| Mobile Number: |  | | | |
| Member of Parliament | Yes  No | *Note: The Crown Solicitor cannot brief counsel who are active Members of Parliament.* | | |
| *Professional Details:* | | |  | |
|  | **Type:  Junior**  **Senior** | | | **Year of Admission:**  **Year Appointed Senior:** |
| Areas of Expertise: | **Administrative Law**  **Aboriginal Land Rights Law**  **Child Protection**  **Companies**  **Commercial Law**  **Community Law**  **Constitutional Law**  **Criminal Law** | | | **Employment Law**  **Equity**  **Government Law**  **Native Title Law**  **Property Law**  **Torts Law**  **Other – please specify:** |
| One Page CV: | Attached:  Yes  No | | | |

*Payment Details (Optional)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Direct Credit Authority* | |  | | |
| Company Name: |  | | | |
| ABN: |  | | | |
| Bank: |  | | | |
| Branch: |  | | | |
| Account Name: |  | | | |
| BSB: |  | | Account No: |  |
| Counsel's Signature: |  | | | |

|  |  |
| --- | --- |
| *CSO Processing* | Email Registered on AD2015.51.  CV added to MS entry.  Counsel entry created in RMS.  Acknowledgement sent to counsel. |