

Practitioner's Information Sheet

PERSONAL CONTACT DETAILS

Name: _____

Address: _____

Postcode: _____ Mobile: _____ Landline: _____

Email: _____

WORK CONTACT DETAILS

Company/Firm: _____

Work address: _____

Postcode: _____ Phone No: () _____ Fax No: () _____

Email: _____ Date of admission: ___/___/___

Please indicate the areas of law in which you have experience or a special interest in and would be able to advise in during our Evening Advice Session.

- | | |
|--|--|
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Traffic Offences |
| <input type="checkbox"/> Motor Vehicle Accident (prop. damage) | <input type="checkbox"/> Insurance (not M.V) |
| <input type="checkbox"/> Debt Recovery | <input type="checkbox"/> Victims Compensation |
| <input type="checkbox"/> Discrimination (not employment) | <input type="checkbox"/> Wills/Probate |
| <input type="checkbox"/> Neighbourhood disputes | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Family Law | <input type="checkbox"/> Apprehended Violence Orders |
| <input type="checkbox"/> Criminal Law (eg assault, minor drug offences, theft) | |

Please select the following as they apply:

I would like to start at 5.30 p.m. 6.00 p.m. 6.30 p.m.

I would like two appointments or three appointments per shift.

Note: if you selected 6:30pm, you can only do two appointments per shift

I would like to volunteer once each WEEK FORTNIGHT MONTH