**Expression of Interest**

**Volunteer Solicitor**

**After Hours Night Clinic (Tuesdays)**

**Name** Click or tap here to enter text.

**Phone** Click or tap here to enter text.

**Email** Click or tap here to enter text.

**Preferred form of contact:**  Phone  Email

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| **ADMISSION DETAILS** |

**Year of admission to practice in Queensland:** Click or tap here to enter text.

**Do you hold a current Queensland Law Society Practicing Certificate:**  Yes  No

**How long have you continuously held this practicing certificate for?** Click or tap here to enter text.

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| **CURRENT EMPLOYMENT DETAILS (if currently employed at a firm)** |

Law firm: Click or tap here to enter text.

Position: Click or tap here to enter text.

Time/duration of employment: Click or tap here to enter text.

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| **ABOUT YOU** |

**Areas of practice/expertise**: Click or tap here to enter text.

**How many years have you practiced as a solicitor in Queensland?** Click or tap here to enter text.

**Have you ever had any matters before the Legal Services Commission?**  Yes  No

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| **AVAILABILITY** |

The after-hours night clinic runs every Tuesday evening from 5pm until no later than 8pm.

**Please provide details of your availably to volunteer on the after-hours night clinic roster.**

Click or tap here to enter text.