Application for APIL litigator status



(Continues overleaf)

PERSONAL DETAILS	
First name:	Surname:
Name of firm/chambers/organisation:	
Address:	
	Postcode:
APIL membership number:	
Signed:	Date:
SUMMARY OF QUALIFICATIONS	
Qualified solicitor Barrister, called to	o the bar Fellow of the Institute of Legal Executives
Someone who can demonstrate practical exp	perience of PI litigation Other
LENGTH OF TIME IN PERSONAL INJU	JRY WORK
For how many years have you undertaken cla	aimant PI work?
State whether continuous: Yes	No
If no, give reasons (e.g. maternity leave/caree	r break):
For how many years has claimant PI work bee	en a major (exceeding 50%) part of your work?
COMPETENCIES - CONDUCT OF PI LI	TIGATION
	st your knowledge and understanding of some basic
Please give details of the nature and range of	your PI work.

What case funding options are available in personal injury cases?
What do you believe to be the most important elements of client care?
What do you believe to be the most important elements of cheft care:
What type of expert would you instruct to deal with an eye injury case?
What is the area of expertise of a consultant in paediatrics?
It is anticipated that for qualification at litigator level, you will have had some experience of case selection and risk analysis. Please give examples of some of the factors you would take into account in making a risk analysis of a case.
(Please continue on a separate sheet if necessary)
Describe how you work with others on a daily basis to achieve successful outcomes. Please provide two
examples of how you have recently worked as part of a litigation team.

Please provide a brief account (150 words maximum) of two cases (different types of case are preferable) you have recently concluded successfully after the issue of court proceedings, including whether or not they went to trial. Each account should be anonymised.	
DECLARATION	
I hereby declare that the information contained within this form is correct to the best of my	
knowledge and that I shall complete 16 hours accredited training annually and maintain my APIL	
learning log.	
Signed: Date:	

