

Application for APIL senior litigator status

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 the bar Fellow of the Institute of Legal Executives

Someone who can demonstrate practical experience of PI litigation Other

LENGTH OF TIME IN PERSONAL INJURY WORK

For how many years have you undertaken claimant PI work?

State whether continuous: Yes No

If no, give reasons (e.g. maternity leave/career break):

For how many years has claimant PI work been a major (exceeding 50%) part of your work?

Please provide the following information in respect of the average caseloads you have been handling over the last five years. Please state the type and number of cases dealt with per annum:

	RTA	EL accident	EL disease	Occupiers liability	Product liability	Clinical negligence	Non or other injury
Current year							
Last year							
Previous year							
Previous year							
Previous year							
Approx. amount of damages received							
Highest settlement achieved							

COMPETENCIES - CONDUCT OF PI LITIGATION

Running a PI caseload - ability to prepare and run PI cases of a variety of types from initial instruction through to trial

Please list the types of case in which you have experience of dealing with to an advanced stage.

In which of these types of case have you reached trial stage in the past five years?

In which of them have you had a full trial in the past five years?

Please state the number of cases you have listed for trial and the dates.

Please select your most significant trial in the last five years, and state the date on which it took place, the name of the judge, and the court involved. In respect of this case please provide an evaluative account of it (500 words maximum), setting out the issues involved and how they were resolved.

(Please complete the above on a separate sheet if necessary)

If you have not taken a PI/clinical negligence case to trial in the last five years, please provide three separate evaluative accounts, (500 words maximum each), of three out of the following four types of experience gained within the last five years:

- Settlement through a formal alternative dispute resolution (ADR) process, that includes formal mediation, of a personal injury case
- Preparation for trial of a personal injury case, demonstrating the skills involved in preparation
- Preparation and delivery of personal injury trial bundles, or a personal injury related counsel's brief
- A trial other than personal injury (excluding debt collection)

Please complete the above on a separate sheet and attach to your application.

COMPETENCIES - MANAGING CASES

Managing cases - Please describe briefly the measures you take to monitor and control the costs of a case for which you are responsible.

COMPETENCIES - LITIGATION TEAMWORK

Litigation teamwork - 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.

COMPETENCIES - RISK ASSESSMENT

Please provide a brief, evaluative account (500 words maximum) of how you have assessed and managed the risk involved in a particular case (whether or not it went to trial). Please include reference to both specific and general risks that you took into account.

(Please continue on a separate sheet as necessary)

Please provide details of risk assessment training you have received and procedures that your firm undertakes.

COMPETENCIES - KNOWLEDGE OF FUNDING

What case funding options are available to you and, in advising on these funding options, what is your approach?

COMPETENCIES - PERSONAL SKILLS

How do you handle the management of PI claims on a daily basis? Please include dealing with critical dates, client care and tactical decision making.

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: _____



Please return this form to:

APIL, Unit 3, Alder Court, Rennie Hogg Road, Nottingham NG2 1RX. DX 716208 Nottingham 42