

APIL MEMBERSHIP APPLICATION FORM

1 APRIL 2024 TO 31 MARCH 2025

Membership details		
Title	First Name	Surname
Email:		
Professional address (these details will be seen by other members)		
APIL correspondence address (for hard copy items such as the PI Focus publication)		
Postcode:	DX:	
Telephone:	Fax:	
How did you hear about APIL,		
Have you held APIL membership before, please state previous number, firm or the name it was under:		

Qualifications/training	
Profession/occupation/job title:	
GMC or GDC no. (if applicable):	Admission date or expected date:*
Please indicate if you are a: partner/senior partner/managing partner/director/other:	
The claimant percentage of the PI and/or CN work you personally do:	
*Student applicants please state your university/college/firm:	
Please indicate the course name/nature of your study:	
Are you working alongside your study; please state <u>where</u> and if full or part time:	
Please list the languages you speak at 'A' level standard or above, other than English:	

Please indicate, from the list below, which panel(s) you are a <u>current</u> member of:			
Law Society Personal Injury Panel		AvMA Panel	
Law Society Clinical Negligence Panel		Headway Panel	
Law Society of Scotland Medical Negligence Specialist		Spinal Injuries Association	
Law Society of Scotland Accredited Personal Injury Specialist			
The Association of Child Abuse Lawyers panel			

Main areas of work

Please indicate your **main** areas* of work from the following. (Once your membership has been approved sub-categories can be added at www.apil.org.uk/my-details.aspx).

Abuse	Accidents at work	Accidents or illnesses abroad
Animals	Asbestosis/mesothelioma	Aviation
Back injury	Beauty treatment	Brain injury
Claims against injury lawyers	Clinical negligence	Criminal injuries
Defective premises	Defective products	Environment/pollution
Fatal accident	Head injury	Military
Occupational disease	Police/prison	Public liability
Road accident	Spinal cord injury	Sport injury
Trip or slip		

*Members will need to apply for individual accreditation at senior litigator level or above for their details and areas of work to be viewed by the public. Details of our accreditation scheme will be sent to you once your application has been approved.

Special interest groups - Join as many groups as you like but receive voting rights on two groups max. (Only legal practitioners, academics and honorary life members are eligible for voting rights).

	SIG member	Voting rights		SIG member	Voting rights		SIG member	Voting rights
Brain injury			Child abuse			Child injury		
Clinical negligence			Costs and funding			Damages		
Environment	Group temporarily closed		International			Military		
Multi-party actions			Occupational health			Procedure		
Product liability			Spinal cord injury			Transport		
Membership groups			Junior Litigators			Barristers		

Number of:	Partners (directors) in firm	Partners (directors) in PI department	Number of:	Fee earners in firm	Fee earners in PI department
0 to 1			0 to 5		
2 to 5			6 to 10		
6 to 10			11 to 20		
11 to 15			21 to 50		
16 to 20			51 to 100		
21 to 30			101 to 200		
31+			200+		
Alternatively please indicate if you are a sole fee earner				Yes/No	

Please include any other information that you may feel is relevant for your application or when attending an APIL event including any dietary needs:

Diversity

What year and/or month were you born?	What is your sex?	Male	Female
	Other preferred description	Prefer not to say	

Is the gender you identify with the same as your sex registered at birth?

Yes	No	Prefer not to say
-----	----	-------------------

The Equality Act defines a disabled person as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities. If you have a condition which fits the Equality Act definition, please tick 'Yes' even if you are not limited by your condition.

Yes	No	Prefer not to say
-----	----	-------------------

Are your day-to-day activities limited because of a health problem or disability which has lasted, expected to last, at least 12 months?

Yes, limited a lot	Yes, limited a little	No	Prefer not to say
--------------------	-----------------------	----	-------------------

Ethnic Group - please circle or write in below:

Prefer not to say

Bangladeshi; Chinese; Indian; Pakistani; other

African; Caribbean; black British or other

White Asian, white & black African; white & black Caribbean; mixed or multiple background

English/Welsh/Scottish/Northern Irish or British; Irish; Gypsy or Irish Traveller; Roma; other

Arab; other ethnic group

What is your religion - please circle or write in below:

Prefer not to say

No religion; Buddhist; Christian; Hindu; Jewish; Muslim; Sikh; any other religion

Which of the following best describes your sexual orientation?

Prefer not to say

Straight/Heterosexual; Gay or Lesbian; Bisexual; other sexual orientation

What type of school did you attend between 11yrs & 16yrs? If you changed schools, please base your answer on the last 2yrs of your education.

Prefer not to say

A state-run or state-funded school (selective on academic, faith or other grounds);
 A state-run or state-funded school (non-selective);
 Independent or fee-paying school;
 Independent or fee-paying school, where I received a bursary covering 90% or more of my tuition;
 Attended school outside the UK;
 Other; don't know

Did either of your parents attend university by the time you were 18?

Prefer not to say

No - neither attended; Yes - 1 or both attended; don't know/not sure;

What was the occupation of your main household earner when you were aged about 14?

Prefer not to say

Modern professional & traditional professional occupations such as: teacher, nurse, physiotherapist, social worker, musician, police officer (sergeant or above), software designer, accountant, solicitor, medical practitioner, scientist, civil/ mechanical engineer;

Senior, middle or junior managers or administrators such as: finance manager, chief executive, large business owner, office manager, retail manager, bank manager, restaurant manager, warehouse manager;

Clerical and intermediate occupations such as: secretary, personal assistant, call centre agent, clerical worker, nursery nurse;

Technical and craft occupations such as: motor mechanic, plumber, printer, electrician, gardener, train driver;

Routine, semi-routine manual and service occupations such as: postal worker, machine operative, security guard, caretaker, farm worker, catering assistant, sales assistant, HGV driver, cleaner, porter, packer, labourer, waiter/waitress, bar staff;

Long-term unemployed (claimed Jobseeker's Allowance or earlier unemployment benefit for more than a year);

Small business owners who employed less than 25 people such as: corner shop owners, small plumbing companies, retail shop owner, single restaurant or cafe owner, taxi owner, garage owner;

Retired	This question does not apply to me	Don't know
---------	------------------------------------	------------

Are you a primary carer for a child or children under 18?

Yes	No	Prefer not to say
-----	----	-------------------

Do you look after, give any help or support to anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age (exclude anything you do which is paid)?

Prefer not to say

No	Yes, 1-19 hours a week	Yes, 20-49 hours a week	Yes, 50 or more hours a week
----	------------------------	-------------------------	------------------------------



DECLARATION

Please make one declaration only and delete the others - I wish to apply for membership of APIL as a/an:

a) **Legal Practitioner member** - I declare that I practise in the field of personal injury and that my practice in that field is predominantly for claimants. (£290.00 + VAT = **£348.00**).

b) **Associate member** - I declare that I am sympathetic to the aims of APIL and do not have any regular commitment to any organisation acting for or supporting persons or companies who act on behalf of defendants in personal injury litigation and/or I am a barrister and a significant proportion of my practice involves acting for the injured or victims of negligence and I am sympathetic to the aims of APIL. (£200.00 + VAT = **£240.00**).

Academic Associate members

I declare that I am sympathetic to the aims of APIL and do not have any regular commitment to any organisation acting for or supporting persons or companies who act on behalf of defendants in personal injury litigation. (£200.00 + VAT = **£240.00**).

c) **Affiliate member** - I declare that I am sympathetic to the aims of APIL and do not have any regular commitment to any organisation acting for or supporting persons or companies who act on behalf of defendants in personal injury litigation. I further confirm that I work in a charity or supporting role and/or are currently non- practicing. (£70.00 + VAT = **£84.00**).

Individuals working at a charity must provide their charity's registered number:

By becoming a member of APIL I am providing confirmation that I will abide by APIL's Code of Conduct - www.apil.org.uk/code-of-conduct.

Signed _____ Date _____

We will process your personal data in accordance with our privacy policy statement at www.apil.org.uk/privacy-and-cookies. If you are happy for us to pass your contact information on to third party companies, whose services we think may be of interest to you, please tick this box.

PAYMENT OF MEMBERSHIP SUBSCRIPTION FOR 2024-5

By cheque

I enclose my cheque for £ _____ (cheques must be payable to APIL in pound sterling only)

By credit/debit card - please indicate card type

Visa debit/Switch/MasterCard/Visa credit/American Express

I wish to pay by the above and authorise you to debit my card account with the amount of £ _____

My card number is Name (as on card)

Expiry date Start date..... Issue noCard security code (last 3 digits on the back)

Card signature Cardholder's address

BACS payments will not be accepted for membership. A VAT receipt will be issued on receipt of payment.

Please note monies are non-refundable and non-transferrable.