

APIL MEMBERSHIP APPLICATION FORM

1 JANUARY 2021 TO 31 MARCH 2022

Membership details		
Title	First Name	Surname
Email:		
Professional address (include firm name if applicable)		
Correspondece 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:		

Demographic characteristics

Age: 16 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65+ Prefer not to say

Date of birth:

Ethnic Group - please circle or write in below: Prefer not to say

Asian/Asian British/Bangladeshi/Chinese/Indian/Pakistani/Other

Black/African/Caribbean/black British/other

Mixed/multi ethnic groups: White Asian/white, black African/white, black Caribbean/white Chinese/other

White/British/English/Welsh/Scottish/Northern Irish/Irish/other

Arab/other ethnic group

Disability:

The Equality Act 2010 generally 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.

(a) Do you consider yourself to have a disability according to the definition above in the Equality Act?

Yes No Prefer not to say

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

Yes No Prefer not to say



INVESTOR IN PEOPLE

Qualifications/training	
Profession/occupation/job title:	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:	

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	

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 illness 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.		

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			

Special interest groups - You can join as many groups as you like but only have voting rights on a maximum of two groups (only practitioners, academics and paralegals 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		

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

DECLARATION

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

a) **Practitioner member** and I declare that I practise in the field of personal injury and that my practice in that field is predominantly for the injured or victims of accidents (£235.00 + VAT = **£282.00**). Please note that barristers who wish to be accredited must apply under the practitioner category of membership. Any barristers who are unable to sign this declaration either due to the split of their work for claimants/defendants or who are otherwise unwilling so to declare to should apply under the "barrister member" category below.

b) **Non-practising legal practitioner** and I declare that until my retirement/unemployment/career break I practised in the field of personal injury and acted predominantly for the injured or victims of accidents. I remain sympathetic to the aims of APIL (£130.00 + VAT = **£156.00**).

c) **Paralegal/legal support staff member** (no voting rights) and I declare that I am in a permanent legal position either running a caseload, or assisting with a caseload under supervision which is predominantly for the injured or victims of accidents (£130.00 + VAT = **£156.00**).

d) **Academic member** and I declare that I am sympathetic to the aims of APIL and I 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 (£110.00 + VAT = **£132.00**).

Continued overleaf...

DECLARATION CONTINUED...

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

e) **Student member** and I declare and I am undergoing legal education or training and am sympathetic to the aims of APIL (£70.00 + VAT = **£84.00**).

f) I wish to apply for **eStudent/web only** membership of APIL as a student member and I declare that I am undergoing legal education at university or college and am sympathetic to the aims of APIL (**Free**).

g) **Overseas member** and I declare that I practise in the field of personal injury law and act predominantly for the injured or victims of accidents and that I am sympathetic to the aims of APIL (**£120.00, no VAT**).

h) **Associate member (3 options)** and 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 £165.00.00 + VAT = **£198.00** or
£90 + VAT = **£108.00 for APIL enhanced subscribing experts** or
£20.00 + VAT = **£24.00 for individuals working at a charity**; registered number:

i) **Barrister member** and I declare that a significant proportion of my practice involves acting for the injured or victims of accidents. I am sympathetic to the aims of APIL (£235.00 + VAT = **£282.00**). For barristers without a predominantly claimant caseload and/or who do not wish to become a practitioner member. Please also see table of benefits at www.apil.org.uk/compare-types-of-membership.

j) **Junior barrister** member and I declare that a significant proportion of my practice involves acting for the injured or victims of accidents and that I have up to and including 3 years' call. I am sympathetic to the aims of APIL (£130.00 + VAT = **£156.00**).

I agree to subscribe to APIL's code of conduct* and consumer charter* and will also advise APL should my circumstances change in the future. *(Available to view at www.apil.org.uk/join-apil).

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 2021-22

By cheque

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

By credit/debit card - please circle given 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 no Card 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.