

# IN-HOUSE PRACTICAL VOCATIONAL TRAINING (PVT) MAIN APPLICATION FORM



*The application will be subject to annual review of the accreditation policy and outcomes as approved by the Legal Practice Council (LPC)*

## PART A – DETAILS – TO BE COMPLETED BY ALL APPLICANTS

Name of firm: \_\_\_\_\_  
Physical address: \_\_\_\_\_  
\_\_\_\_\_  
Code: \_\_\_\_\_  
Contact person: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Tel no: ( \_\_\_\_\_ ) \_\_\_\_\_

**THE ATTACHED SCHEDULE IS TO BE COMPLETED IF MORE THAN TWO OFFICES (LOCATIONS) WILL BE CONDUCTING THE TRAINING.**

### Location 1

Name of firm: \_\_\_\_\_  
Physical address: \_\_\_\_\_  
\_\_\_\_\_  
Code: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Tel no: ( \_\_\_\_\_ ) \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Number of candidates: \_\_\_\_\_

### Location 2

Name of firm: \_\_\_\_\_  
Physical address: \_\_\_\_\_  
\_\_\_\_\_  
Code: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Tel no: ( \_\_\_\_\_ ) \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Number of candidates: \_\_\_\_\_

*NB: To ensure effective training of candidates, a maximum of candidates per location is 50, with any additional candidate numbers, subject to approval by the LSSA.*

## PART B – TRAINING APPLICATION BY MULTIPLE SMALL FIRMS WHO WILL COLLABORATE TO OFFER IN-HOUSE TRAINING TO THE CANDIDATES OF THE VARIOUS FIRMS:

*Complete the attached form.*

## PART C – COMMITMENT BY THE FIRM – FOR ALL APPLICATIONS

1. We hereby affirm our intention to offer in-house Practical Vocational Training (the Course) in 2021 to our candidate attorneys at our offices in \_\_\_\_\_ and \_\_\_\_\_, as per the attached schedule.
2. We confirm that we will arrange, coordinate and present the Course in-house to our firm's candidate attorneys, as well as to certain external candidate attorneys who are from disadvantaged firms (maximum of six) in 2021.
3. We request that the Course be listed with the Legal Education and Development (LEAD) courses when a submission for approval in terms of the accreditation and standards is regulated in terms of the Legal Practice Act 28 of 2014 (LPA).
4. We further confirm that the Course -
  - 4.1 will in all respects be similar to the standardised PVT short course that is presented by LEAD;
  - 4.2 comply with LEAD policy in terms of time allocation and outcomes, norms and standards, as approved by the LPC;
  - 4.3 use the prescribed LEAD training material;
  - 4.4 comply with the relevant LEAD outcomes, directives and training policies; and that
  - 4.5 instructors must be approved by LEAD in terms of expertise and the necessary presentation and communication skills.
5. To report to LEAD at the conclusion of the course in terms of LPC rules.
6. We acknowledge that LEAD will be responsible for confirming compliance.
7. We confirm that the details of this form as necessary for consideration of the firm's ability to offer the in-house training.

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## PART B – TRAINING APPLICATION BY MULTIPLE SMALL FIRMS WHO WILL COLLABORATE TO OFFER IN-HOUSE TRAINING TO THE CANDIDATES OF THE VARIOUS FIRMS:

**NB: Part A and C of the main application form to be completed**

### Firm 1

Name of firm: \_\_\_\_\_  
Physical address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Code: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Tel no: ( \_\_\_\_\_ ) \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Firm 2

Name of firm: \_\_\_\_\_  
Physical address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Code: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Tel no: ( \_\_\_\_\_ ) \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Firm 3

Name of firm: \_\_\_\_\_  
Physical address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Code: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Tel no: ( \_\_\_\_\_ ) \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Firm 4

Name of firm: \_\_\_\_\_  
Physical address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Code: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Tel no: ( \_\_\_\_\_ ) \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Firm 5

Name of firm: \_\_\_\_\_  
Physical address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Code: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Tel no: ( \_\_\_\_\_ ) \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Firm 6

Name of firm: \_\_\_\_\_  
Physical address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Code: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Tel no: ( \_\_\_\_\_ ) \_\_\_\_\_  
E-mail: \_\_\_\_\_

**NB:** The application is subject to approval by the LSSA on the basis that the application is practical, feasible and that the standards and objectives of the LPA are achieved. The above Firms agree that the following Firm will sign the application on its behalf, the signatory thereof must be the same person who signs the compliance for his/her own firm

Name of firm: \_\_\_\_\_

Responsible person: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_