ADMISSION TO THE BAR OF IRELAND

OF QUALIFIED LAWYERS

FROM OTHER EU MEMBER STATES

APPLICATION FORM

**To be returned to:**

**The Registrar registrar@kingsinns.ie**

Personal Details:

|  |  |
| --- | --- |
| **Surname (block capitals)** |  |
| **First names (block capitals)** |  |
|
| **Title (i.e. Mr. Dr etc.)** |  |
| **Mobile Number:** |  |
| **E-mail Address:** |  |
| **Permanent Home Address:** |  |
| **Telephone Number:** |
| **Correspondence Address:** |  |
| **Telephone Number:** |
| **Professional Address:** |  |
| **Telephone Number:** |
| **Nationality:** |  |

Professional Details:

|  |  |
| --- | --- |
| **EU Member State in which you are originally qualified to practise:** |  |
| **Name and address of competent authority:** |  |
| **Date of admission to practise:** |  |
| **Any other States in which you are qualified to practise (if applicable):** |  |
| **Name and address of competent authority:** |  |
| **Date of admission to practise:** |  |
| **Academic Qualifications:** |  |
| **Date awarded:** |  |
| **Professional Qualifications** |  |
| **Date awarded:** |  |

APTITUDE TEST:

If you wish to apply for an exemption from the Aptitude Test (in whole or in part), please state the parts from which exemption is sought and give reasons. Please also provide evidence in support.

Section 1 A paper on Irish Legal System and Irish Constitutional Law

Section 2 A paper on the Law of Torts and Contracts and (at the election of the applicant) either the Law of Property (including Equity and Trusts) or Criminal Law.

Section 3 A paper on evidence and practice and procedure (in relation to the practice & procedure of the Circuit and District Courts either criminal or civil practice & procedure at the option of the migrant).

Section 4 An assessment of the applicant's preparation and oral presentation of a case and knowledge of the rules of ethics and Code of Conduct for Barristers.

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| --- | --- |
| SECTION 1 | REASON |
| SECTION 2 | REASON |
| SECTION 3 | REASON |
| SECTION 4 | REASON |

DOCUMENTS TO BE SUBMITTED:

* A form of identification e.g., copy of passport or driving licence.
* Degree Certificate(s).
* Certificate of professional qualification.
* Current Practicing Certificate(s) - if such are issued by your regulating authority, or by a declaration on oath or a solemn declaration. The documents must be presented no more than three months after their date of issue.
* Certificate(s) of good standing, issued by your regulating authority, stating that you have completed full pupillage and you are entitled to practise and that you have not been prohibited or suspended from practising. The documents must be presented no more than three months after their date of issue.
* Evidence that you have not been adjudicated bankrupt (in the form of a Statement or Certificate issued by your regulating authority, or by a declaration on oath or a solemn declaration). The documents must be presented no more than three months after their date of issue.
* If applying for exemption from the Aptitude Test (in whole or in part) representations or evidence in support of such application.
* Any other representations or material relied upon in support of the application.
* Particulars of previous application for Call to the Bar of Ireland - if any
* Payment of fees of €1000 as per either of the below payment options

declaration:

I declare that the information given by me in this application is true and accurate.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Options

I would like to pay the fees amounting to €1000 by:

(Please tick appropriate box)

|  |  |  |  |
| --- | --- | --- | --- |
| Credit Card |  | EFT Payment |  |

<https://www.kingsinns.ie/shop/product/123/qualified-lawyers-transferring-from-other-eu-member-states>

**EFT PAYMENT DETAILS:**

Please reference EU followed by your name.

NAME OF BANK: BANK OF IRELAND

ADDRESS OF BANK: COLLEGE GREEN, DUBLIN 2

ACCOUNT NAME: THE HONORABLE SOCIETY OF KING’S INNS

ACCOUNT ADDRESS HENRIETTA STREET, DUBLIN 1

ACCOUNT NO: 10024698

SORT CODE: 900017

IBAN: IE68BOFI90001710024698

BIC: BOFIIE2D

CONTACT NAME ANNE HEDDERMAN

EMAIL ADDRESS ahedderman@kingsinns.ie

**If paying by bank transfer, please put insert your name on the transaction sheet**