

**BAR COUNCIL OF NORTHERN IRELAND  
APPLICATION FOR A TEMPORARY PRACTISING CERTIFICATE**

SURNAME: \_\_\_\_\_ \*Mr / Mrs / Miss / Ms / Dr

FORENAMES: \_\_\_\_\_ \*KC / BL

\* Please delete as appropriate

DATE CALLED TO BAR OF ENGLAND & WALES \_\_\_\_\_

YEAR OF CALL TO THE INNER BAR \_\_\_\_\_ TERM \_\_\_\_\_

IF YOU ARE SENIOR COUNSEL PLEASE PROVIDE THE NAME OF THE PERSON YOU  
ARE LEADING: \_\_\_\_\_

PRACTISING ADDRESS: [FULL PRACTISING ADDRESS, INCLUDING THE NAME OF YOUR  
CHAMBERS AND POST CODE]

\_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

1	I confirm that I hold Professional Indemnity Insurance, and I attach a copy of the current cover note for your records, together with written confirmation from the Bar Mutual Indemnity Fund that I have professional indemnity insurance valid in Northern Ireland which is the equivalent in all respects to that required by the Bar of Northern Ireland at the time of this application and, in particular, provides minimum indemnity cover of £500,000 (for junior counsel) or £750,000 (for senior counsel).	<input type="checkbox"/>
2	I confirm that I have an adequate level of cover having regard to the nature of the work to be undertaken in Northern Ireland, and the potential liability arising in the event of negligence.	<input type="checkbox"/>
3	I have met all CPD obligations, and I attach a copy of my (currently valid) CPD record sheet.	<input type="checkbox"/>

4	I attach confirmation of my registration under the Data Protection Act 1998.	<input type="checkbox"/>
5	I confirm I have made the requisite payment in respect of my application for a temporary Practising Certificate.	<input type="checkbox"/>

**Please state:**

Name of case/court: \_\_\_\_\_  
 \_\_\_\_\_

Name and Address of Solicitor: \_\_\_\_\_  
 \_\_\_\_\_

Commencement date of case: \_\_\_\_\_

I hereby declare and undertake to the General Council of the Bar of Northern Ireland as follows:

(a)	If granted a temporary practising certificate, I shall at all times comply with the Code of Conduct of the Bar of Northern Ireland and I acknowledge that I will be bound by the disciplinary procedures of the Bar of Northern Ireland in respect of my conduct during the period of temporary membership, irrespective of whether any complaint is made about such conduct during or after the period of validity of the temporary practising certificate.	
(b)	If granted a temporary practising certificate, I shall renew my professional indemnity insurance on at least the same terms throughout the limitation period applicable to the case or group of cases in respect of which that certificate was granted.	

**DATA PROTECTION ACT 2018**

The Benchers of the Honorable Society of the Inn of Court of Northern Ireland takes your privacy seriously and will only use the Personal Data you provide in this form to process your application for admission to the Inn of Court of Northern Ireland.

Personal Data given on this form will only be processed by The Benchers of the Honorable Society of the Inn of Court of Northern Ireland, Bar Council of Northern Ireland and Bar Library Services Limited.

Personal Data will be kept on file for while you are a Practising Barrister and a further defined period as dictated by organisational data retention policy.

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

Dated: \_\_\_\_\_