

### Application as Family Law Assistant member

Date Resolution Family Law Assistant Certificate or ILEX Level 3 course or above in both family law and family practice successfully completed. \_\_\_\_\_

*[Please enclose copy] If such courses have been completed more than five years prior to the date of application, I enclose details of the Continuing Professional Development training in family law or a related field I have undertaken in each of the five years prior to the date of application*

Number of years experience in family law work. \_\_\_\_\_

I confirm that I am supervised by a qualified solicitor or FILEX Resolution member

If 1 - 3 years experience, please confirm you are a law graduate

I confirm that I spend at least 50% fee earning time doing client facing chargeable family law work which progresses the case with a minimum of 550 hours a year

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

I certify that I supervise \_\_\_\_\_ (name) and that he/she abides by the Resolution Code of Practice

Signed \_\_\_\_\_ Membership No. \_\_\_\_\_

Name (please print) \_\_\_\_\_

Date \_\_\_\_\_

BEFORE RETURNING YOUR APPLICATION FORM PLEASE CHECK:

1. You have signed the application form above as well as on page 3
2. Your supervisor has signed the certificate above.
3. You have enclosed a copy of your ILEX certificate or equivalent
4. If your certificate was obtained more than 5 years prior to date of application you have enclosed details of your CPD record for the last 5 years.

Please return the completed forms with your cheques (payable to Resolution) to Resolution,  
PO Box 302, Orpington BR6 8QX. DX: 154460 Petts Wood 3  
Telephone: 01689 820272 or 01689 825651  
Any enquires Please contact: info@resolution.org.uk

# APPLICATION FOR MEMBERSHIP OF RESOLUTION

Office use only

Date of election \_\_\_\_\_

Membership number \_\_\_\_\_

## APPLICATION FOR MEMBERSHIP OF RESOLUTION

Mr. Mrs. Miss. Ms. Other. \_\_\_\_\_

Forenames \_\_\_\_\_

Surname \_\_\_\_\_

Firm's name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_

Postcode \_\_\_\_\_

DX: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Firm's email: \_\_\_\_\_

Firm's website: \_\_\_\_\_

Please give membership number if you are currently an Affiliate member

\_\_\_\_\_

Qualification details: (please tick below)

SOLICITOR

Date qualified \_\_\_\_\_ Number of years practising family law \_\_\_\_\_

FILEX

Date qualified \_\_\_\_\_ Number of years practising family law \_\_\_\_\_

FAMILY LAW ASSISTANT  Applicants for Family Law Assistant must also complete page 4

Adherence to the Resolution Code of Practice is the core element of membership. Please answer the following questions in your own words:

Identify three of the principles from the Code and for each one explain why you think it is important from the clients point of view

1. Principle \_\_\_\_\_  
Reason \_\_\_\_\_
2. Principle \_\_\_\_\_  
Reason \_\_\_\_\_
3. Principle \_\_\_\_\_  
Reason \_\_\_\_\_

*Please type answers (no more than 50 words per reason) on a separate sheet and attach to form.*

a) Do you encounter any difficulties with any principles in the Code and if so which?

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

b) How do you manage such difficulties?

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

*Please type answers (no more than 50 words per reason) on a separate sheet and attach to form.*

ANNUAL SUBSCRIPTION FEES 2010 (please tick below)

Date of application	Subscription period	Fee	
January - June	Jan-Dec (12mths)	£157 (100%)	<input type="checkbox"/>
July - September	Jul-Dec (6 mths)	£78.50 (50%)	<input type="checkbox"/>
October - December	Oct-Dec (3 mths)	£39.25 (25%)	<input type="checkbox"/>

I enclose a cheque made payable to Resolution for

£ .....

*Please do not include membership fee with any other fee e.g. publications, seminars etc.*

I have read and subscribe to the Resolution Code of Practice. I hereby undertake to abide by the Code as modified from time to time and to be bound by the Rules of the Association.

Applicant's signature ..... Date .....

Each application is considered without reference to race, religion, belief, gender, sexual orientation, disability or age.

BEFORE RETURNING YOUR APPLICATION FORM PLEASE CHECK:

- You have signed the application form above
- You have enclosed a cheque for the correct subscription