**REGISTRATION UNDER TRANS-TASMAN MUTUAL RECOGNITION ACT 1997 DISCLOSURE STATEMENT**

**STATUTORY DECLARATION**

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I, [#Full Name as it appears in your application#] of [#Address #], [#Occupation #] make the following declaration under the **Oaths and Affirmations Act 2018**:

1. I am applying to the Victorian Legal Admissions Board (VLAB) for a compliance certificate pursuant to s19 of the Legal Profession Uniform Law to enable me to be admitted to practise to the Australian legal profession as an Australian Lawyer.

2. I have read and understood the “Suitability Guidelines for New Zealand Practitioners”.

3. I am aware of and understand my duty of disclosure and make this statement in my knowledge thereof.

4 I wish to disclose the following matter/s which I consider the Victorian Legal Admissions Board (“the Board”) might regard as not being favourable to me when considering my application for a Compliance Certificate:

*[Set out relevant matters and all matters should be supported by any available supporting documents to corroborate the disclosure.]*

5. I ask the Board not to regard any of these matters as rendering me not of good fame and character and not a fit and proper person to be admitted to the Australian legal profession.

6. I am not aware of any other matters or circumstances that might affect my suitability to be admitted as an Australian lawyer and an Officer of the Supreme Court of Victoria.

**I declare that the contents of this statutory declaration are true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.**

*Signature of deponent*

*making this declaration* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Declared at [#Insert Place#] in the \*State of Victoria on [#Insert Date#]

I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration.

*Signature of authorised*

*Statutory declaration*

*witness* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** on [#Insert Date#]

*Name, capacity in which*

*authorised person has*

*authority to witness*

*declaration, and address*

*(writing, typing, stamp)*

*A person authorised under section 30(2) of the Oath and Affirmation Act 2018 to witness the signing of a statutory declaration*.