



## Third Party Provider Panel (Legal) Application Form

This application form should be used by lawyers (solicitors and barristers) who wish to be accredited and appointed to FNLRS' Third Party Provider Panel (Legal).

The purpose of the Panel is to provide high quality legal services to Victorian Traditional Owners in relation to:

- Native title claims and native title outcomes, including those under the Native Title Act and the Victorian Traditional Owner Settlement Act; and
- Dispute resolution within and between Traditional Owner groups.

Lawyers appointed to the Panel will be eligible for funding on a third party basis to provide support to Victorian Traditional Owner groups subject to satisfaction of FNLRS' *Guidelines for Assistance to Native Title Groups*.

Contact details	
Title	
Full name	
Preferred name	
Preferred gender pronouns	
Practice name	
Practice postal address	
Work landline	
Work mobile	
Work email	
Experience and expertise	
Admission year	
Admission state/territory	
Experience in prosecuting native title claims	(Please summarise your relevant experience. Please provide supporting documents as appropriate.)



<b>Experience in negotiating native title outcomes</b>	(Please summarise your relevant experience. Please provide supporting documents as appropriate.)
<b>Experience working with Traditional Owners</b>	(Please summarise your relevant experience. Please provide supporting documents as appropriate.)
<b>Expertise in mediation and dispute resolution</b>	(Please summarise your relevant expertise. Please provide supporting documents as appropriate.)
<b>Demonstrated commitment to healing informed practice</b>	(Please summarise your approach. Please provide supporting documents as appropriate.)
<b>Other relevant information</b>	(Please provide any other relevant information in support of your application.)
<b>Practice information</b>	



<b>Fee structure</b>	(Please describe your fee structure.)
<b>Insurances</b>	I confirm that I hold all relevant professional insurances <input type="checkbox"/>
<b>Policies and procedures</b>	I confirm that my practice has in place appropriate policies and procedures, including for the management of any conflicts of interest and the management of personal and sensitive information <input type="checkbox"/>
<b>Third party payee arrangement confirmation</b>	
<b>Third party payee arrangement</b>	I agree to enter into a third party payee arrangement <input type="checkbox"/>
<b>Referees (please provide contact details of two professional referees)</b>	
<b>Referee 1</b>	
<b>Referee 2</b>	
<b>Declaration and signature</b>	
<b>Declaration</b>	I declare that the information I have provided in this application is true and accurate <input type="checkbox"/>
<b>Signature</b>	
<b>Date</b>	Click or tap to enter a date.

Please email the completed application form to Shenali De Silva at [shenali.desilva@fnlrs.com.au](mailto:shenali.desilva@fnlrs.com.au)

FNLRS may contact you for further information regarding your application.

Applications will be assessed by a FNLRS Board sub-committee. Successful applicants will be notified by email.