

**To be completed by the Law Practice.**

Name of Consultant: \_\_\_\_\_

Name of Law Practice: \_\_\_\_\_

A	Control	Please tick (✓)	
		Yes	No
1.	Does the law practice control the person's relationship with clients or the person's workflow? (eg. does the law practice direct clients to the person?)	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the law practice or a manager or partner of the law practice supervise or manage the person's work?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the law practice provide the person with training on its practice management systems, file management, document generation and billing practices?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the law practice have policies and procedures with which the person must comply?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the person work within a practice team within the law practice?	<input type="checkbox"/>	<input type="checkbox"/>

B	Remuneration	Yes	No
6.	Is the person paid wages or a salary for the services they provide?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Does the law practice pay income tax in respect of the person's remuneration?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does the law practice pay or give the person leave entitlements such as annual leave, sick leave, long service leave etc?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Does the law practice pay benefits to the person's superannuation fund?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does the person have an ABN or ACN?	<input type="checkbox"/>	<input type="checkbox"/>

C	Independent use of resources and property	Yes	No
11.	Does the person use the law practice's resources when performing services to clients or the law practice (eg. office space, word processing and other services)?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Does the person pay a fee for or towards the overhead costs for the use of the law practice's resources?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Does the person delegate work to others within the law practice (eg. other lawyers, paralegals or other staff)?	<input type="checkbox"/>	<input type="checkbox"/>

*continued overleaf...*

Please tick (✓)

**D Engagement of services**

**Yes No**

14.	Does the person invoice the law practice for the performance of services?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Is the person engaged to work for the law practice on a long-term basis or indefinite period of time?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Does the person have the ability to terminate their relationship with the law practice at any time or within a short timeframe?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Does the person have an exclusive engagement with the law practice?	<input type="checkbox"/>	<input type="checkbox"/>

**E File Management**

**Yes No**

18.	When the law practice bills a client for the person's work is their work included in the law practice's costs in the bill (as opposed to appearing as a separate account or as a disbursement or additional cost on the bill)?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Does the person maintain a separate trust account to hold the trust moneys of clients?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Does the person use the law practice's letterhead or stationery when providing services to clients?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Is the law practice a party to the retainer letter or costs agreement relating to the work that the person performs for clients?	<input type="checkbox"/>	<input type="checkbox"/>

I declare that the above information is accurate:

Name	Position	Date

**FOR OFFICE USE ONLY**

<input type="checkbox"/> <b>Underwriter's recommendation:</b> Consultant covered under insurance policy of law practice.	Law Practice Name _____ Law Practice No. _____
<input type="checkbox"/> <b>Underwriter's recommendation:</b> Consultant not covered under insurance policy and is required to make own insurance arrangements.	Law Practice Name _____ Law Practice No. _____
<b>Underwriting Authorisation:</b>	