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APPLICATION FORM FOR THE RANK OF SENIOR LEGISLATIVE COUNSEL OF NIGERIA AND FELLOW OF THE ASSOCIATION OF LEGISLATIVE DRAFTING AND ADVOCACY PRACTITIONERS-ALDRAP



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(Section 5 of the Legal Practitioners' Act, CAP.LII, Laws of the Federation of Nigeria, 2004 as Amended)

Black Type: This form should be completed by Applicant in back ink only.

ACA

SECTION A: PERSONAL DETAILS:

TITLE	
SURNAME	
FIRST NAME	
OTHER NAMES	
GENDER	
PLACE OF BIRTH	<i>...developing the quality of legislation</i>
DATE OF BIRTH	ASSOCIATION OF LEGISLATIVE DRAFTING AND ADVOCACY PRACTITIONERS (ALDRAP)
STATE OF ORIGIN	
LOCAL GOV'T AREA	
DATE/ MONTH/YEAR OF CALL TO BAR (ATTACH EVIDENCE)	
VALID E-MAIL ADDRESS (TO RECEIVE CORRESPONDENCE)	
MOBILE/ PHONE NUMBER	
PLACE OF TEACHING	

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SECTION B: SCORING SHEET

Every Candidate for the rank of Senior Legislative Counsel shall provide the following information to assist the Legislative Counsel Privileges Committee assess his professional competence:

DETAILS	20% per item
Evidence of Number of Public Hearings of Legislature attended	
Evidence of Legislative Drafting such as Bills, Motions, and the like	
Evidence of Legislative Advocacy for Bills during Public Hearings and other Fora	
Evidence of Publications in the areas of Legislative Law and Drafting	
Evidence of Holding Leadership Positions in the Legislative Law Arena	
TOTAL	100%

SECTION C: ACADEMIC QUALIFICATION

EDUCATIONAL HISTORY	DEGREE(S)/ CERTIFICATE OBTAINED	YEAR

SECTION D: ACADEMIC DETAILS

RECORD OF TEACHING	YEAR

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AREAS OF ACADEMIC PROFICIENCY:

CONTACT ADDRESS:

MEMBERSHIP OF ASSOCIATION

ACADEMIC/ ACADEMIC (IF ANY PROVIDE DETAILS)

SECTION E: EVIDENCE OF TEACHING (REFER TO THE RELEVANT PROVISIONS OF THE ALDRAP GUIDELINES, 2017)

Please do ensure that you give details of whether or not you are currently teaching in Nigeria (if yes, attach evidence)

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SECTION F: EVIDENCE OF SUPERVISION (ATTACH HARD COPY)

Please also ensure that you attach a table showing details on evidence of supervision of students with dates included as annexure

SECTION G: EVIDENCE OF MENTORSHIP (ATTACH HARD COPY)

Please also ensure that you attach a table showing details of mentorship of student with dates included as annexure

SECTION H: EVIDENCE OF LEADERSHIP QUALITIES (ATTACH EVIDENCE AS ANNEXURE)

SECTION I: LIST OF REFERENCES

Applicants are required to provide references from three professors of Law from renowned Nigerian Universities with not less than ten years' experience as a professor and must be resident in Nigeria (The references must be printed on A4 paper and also attached to the application).

ACADEMIC REFEREE 1

TITLE: OTHER TITLE:

SURNAME:

FORENAME IN FULL:

CURRENT ADDRESS OF THE REFEREE:

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EMAIL ADDRESS:

MOBILE/ PHONE NUMBER

DATE WHEN REFEREE ATTAINED FULL PROFESSORSHIP DD/MM/YY

GIVE DETAILS:

PROFESSIONAL CONNECTION TO REFEREE:

SIGNATURE AND DATE DD/MM/YY

ACADEMIC REFEREE 2:

TITLE OTHER TITLE:

SURNAME:

FORENAME IN FULL:

CURRENT ADDRESS OF THE REFEREE:

EMAIL ADDRESS:

MOBILE/ PHONE NUMBER

DATE WHEN REFEREE ATTAINED FULL PROFESSORSHIP DD/MM/YY

GIVE DETAILS:

PROFESSIONAL CONNECTION TO REFEREE:

SIGNATURE AND DATE DD/MM/YY

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ACADEMIC REFEREE 3:

TITLE: OTHER TITLE:

SURNAME:

FORENAME IN FULL:

CURRENT ADDRESS OF THE REFEREE:

EMAIL ADDRESS:

MOBILE/ PHONE NUMBER

DATE WHEN REFEREE ATTAINED FULL PROFESSORSHIP DD/MM/YY

GIVE DETAILS:

PROFESSIONAL CONNECTION TO REFEREE:

SIGNATURE AND DATE DD/MM/YY

Note: Applicants are to include in their application form, letters of recommendation from referees in accordance with Regulation 22 (4)(b) of the ALDRAP Guidelines 2017.

SECTION J: ABRIDGED RESUME (ANNEXURE)

SECTION K: LEGAL LITERATURE/ PUBLICATIONS

INAUGURAL LECTURE/ LIST OF BOOKS

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Note: for the purpose of submission of publication, applicants are to ensure to accompany with the Application form fifteen hard copies of any publication so listed

NUMBER OF CHAPTERS IN BOOKS



ASSOCIATION OF LEGISLATIVE DRAFTING AND ADVOCACY PRACTITIONERS (ALDRAP)

Note: For the purpose of submission of publication, Applicants are to ensure to accompany with the Application form fifteen hard copies of any publication so listed.

LIST OF ARTICLES/ JOURNALS

Note: For the purpose of submission of publication, Applicants are to ensure to accompany with the Application form fifteen hard copies of any publication so listed.

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LIST OF PERIODICALS/ MONOGRAPHS/ CASE REVIEWS/ EDITED WORKS ETC.

Note: For the purpose of submission of publication, Applicants are to ensure to accompany with the Application form fifteen hard copies of any publication so listed.

NUMBER OF BILLS DRAFTED

Note: For the purpose of submission of publication, Applicants are to ensure to accompany with the Application form fifteen hard copies of any publication so listed.

NUMBER OF BOOKS WRITE

Note: For the purpose of submission of publication, Applicants are to ensure to accompany with the Application form fifteen hard copies of any publication so listed.

NUMBER OF LECTURES ON LEGISLATIVE DRAFTED

Note: For the purpose of submission of publication, Applicants are to ensure to accompany with the Application form fifteen hard copies of any publication so listed.



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LIST OF PROFESSIONAL/ CONFERENCE PAPER PRESENTED (Annex evidence in hard copies to application)

Note: For the purpose of submission of publication, Applicants are to ensure to accompany with the Application form fifteen hard copies of any publication so listed.

EVIDENCE OF RESEARCH ACTIVITIES (Annex hard copies to application)

Note: For the purpose of submission of publication, Applicants are to ensure to accompany with the Application form fifteen hard copies of any publication so listed.

SECTION K: EVIDENCE OF TAX PAYMENT/ DOCUMENTS (ATTACH EVIDENCE AS ANNEXURE)

Note: Refer to guidelines for further information.

SECTION L: EVIDENCE OF PAYMENT OF ALDRAP MEMBERSHIP DUES (ATTACH EVIDENCE AS ANNEXURE)

Note: Refer to guidelines for further information.



SECTION M: ELIGIBILITY

1. HAVE YOU EVER BEEN SUBJECT TO, OR HAVE ANY PENDING CASE OR COMPLAINT RELATING TO PROFESSIONAL MISCONDUCT IN NIGERIA OR IN ANOTHER JURISDICTION

Yes [] No []

If yes, provide details

2. PROFESSIONAL FINDINGS OF DISCIPLINARY CONDUCT OR MISCONDUCT BY A DISCIPLINARY TRIBUNAL/ COMMITTEE AGAINST YOU IN NIGERIA OR IN ANOTHER JURISDICTION

Yes [] No []

If yes, provide details



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3. CRIMINAL CONVICTION

Yes [] No []

If yes, provide details

4. PLEASE STATE IF APPLICANT HAS BEEN INVOLVED IN ANY OTHER FORM OF MISCONDUCT OR CONDUCT WHICH COULD AFFECT YOUR ELIGIBILITY AS PROVIDED FOR PARAGRAPH 18 (2a-f) OF THE GUIDELINES, 2017

Yes [] No []

If yes, provide details

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SECTION D: DECLARATION

I, hereby declare that the information I have given in my Application as well as other supporting documents attached is true and correct. I further declare that I have not included in this Application any false or misleading information which could affect my suitability for consideration of the award of the Rank of Senior Advocate of Nigeria.

Date:

Signature of Applicant:

Enrolment Number:

SECTION O: NOTES:

1. Fifteen copies of application form with supporting publications and documents (bound together) should be submitted. Original copies of publications must be submitted with the photocopies.
2. Please ensure that all documents attached are clear and eligible.
3. For further information on the provision of evidence of tax documents, ALDRAP dues and National practicing fees, (see the Guidelines for guidance).
4. Applicant must at all times ensure to use the Guidelines (2017) as an essential point of reference.
5. Further, in respect of paragraph 22(4)(c) of the Guidelines, an Applicant must present original copies of evidence of payment of National Practicing fees and ALDRAP dues to the Secretary of the through the HOD, ALDRAP Secretariat during the time of submission (original receipts shall be returned immediately after sighting).
6. Furthermore, a formal letter addressed to the Secretary of the should be forwarded with the Application form at submission stage.

SECTION M: OFFICIAL USE ONLY

Application Fee Paid: _____ Method of Payment: _____

Application/ Publications received by _____

NOS: _____ VOL: _____ PHOC: _____ ORGC: _____

Received by: _____

Signature: _____ Date: _____

VERIFIED BY HOD, ALDRAP SECRETARIAT

Name: _____

Signature: _____ Date: _____