Continuing Professional Education Declaration



| Please fill in all sections of this form using CAPITAL letters and in blue or black in |
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|--|

| [(Applicate) | | | |
|--|--|------------|--------------|
| (Applicant) | | | |
| of (If your address has changed you must email support@collaw.edu.au) | | | |
| COLPass | | | |
| declare that I have completed 10 units of Continuing Profes | ssional Education seminars (as listed below): | | |
| My 10 hours/units of Professional Education were comple | eted through: | | |
| 10 units of CPE Legal Tech and Business Skills | | | |
| Please provide details of the training seminars completed | in the table below: | | |
| Course | Provider | Attendance | Hours |
| | | Online | |
| | | | |
| | | Online | |
| I declare that the statements contained in this declaration professional consequences for false or misleading state completion of the PLT Program. | | | |
| | Date | | (DD/MM/YYYY) |
| Signature of Applicant | | | |
| Signed in the presence of: | (Signature of Witness, Digital signatures accepted, can be anyone over the age of 18 years old.) | | |
| Name of Witness: | | | |
| Address: | | | |
| Occupation: | | | |

Please return to Customer Engagement Team via email to support @ collaw.edu.au.