

Name:	
Address:	
Telephone:	
Date of admission:	
First signed Bar Roll	
Qualifications:	
Arbitration accreditation /experience (Resolution Institute, CI Arb or other)	<input type="checkbox"/> Fellow of CI Arb <input type="checkbox"/> Graded Arbitrator of the Resolution Institute <input type="checkbox"/> Passed specified award writing examination (refer Membership Criteria) <input type="checkbox"/> Other
Languages other than English	

- ☐ I confirm that I have read and satisfy the requirements for appointment specified in the Criteria for Membership of the VCAS Panel published on the VCAS website.
- ☐ I agree to inform the President of the Victorian Bar as soon as possible if I no longer satisfy those requirements.
- ☐ I confirm that I have read and agree to be bound by the VCAS Rules as may be amended from time to time.
- ☐ I confirm that I have read and agree to be bound by the VCAS User Guide, including the VCAS Scale Fees in Part 8 of the User Guide as may be amended from time to time.
- ☐ I confirm that I seek appointment as an Arbitrator on the VCAS Panel of Arbitrators. I acknowledge that the appointment of arbitrators is at the discretion of the President of the Victorian Bar.
- ☐ The Bar's Privacy Policy and Acceptable Use Policy are available on its website at www.vicbar.com.au. I have read, understood and agree to be bound by the Acceptable Use Policy as may be updated from time to time.
- ☐ I consent to the publication of information provided in this form on the VCAS and Vicbar website.

Signed	
Print name	
Date	