



NOVA SCOTIA BARRISTERS' SOCIETY

## Application for Enrolment in Bar Admission Program & as an Articled Clerk

### Applicant's Questionnaire – Part 2

**NOTE:** The Applicant's Questionnaire – Part 2 must be completed legibly and signed by the applicant only. **Part 2 should remain private and should not be disclosed to the principal.** This application should be delivered by [email](#), mail or hand delivery directly to the Society by the applicant.

**NO INFORMATION CONTAINED IN PART 2 WILL BE PROVIDED TO YOUR PRINCIPAL EXCEPT AS REQUIRED BY LAW.**

In asking the questions in Part 2, the Society is seeking information pertaining to your fitness to practise law pursuant to regulation 3.3.1. The Society's obligation to protect the public interest operates alongside the lawyers' ethical obligation to respect the human dignity and worth of all persons and to treat all persons with equality and without discrimination.

To that end, the Society will endeavour to deal with issues of capacity without causing unnecessary pain and anxiety for applicants, without discouraging those who need help from seeking it and without contributing to the stigma surrounding mental health issues in particular.

In order to protect your right to privacy, the information you provide will be held in confidence, and will only be provided to the Credentials Committee where it is deemed relevant to a concern regarding your fitness to practise law, and only after you have been notified of the information to be provided to the Committee.

The practice of law is often rigorous, demanding a high level of functioning. Any circumstance that would render you incapable of practising law competently puts clients' interests at risk, and harms the profession's reputation. Having said that, the Society recognizes that everyone experiences pressures in life, and we all respond to those pressures differently. You may be quite capable of practising law competently, in spite of your past difficulties. It is the Society's goal as the governing body of the profession to determine if an applicant has an impairment that effectively disables that individual from carrying out the functions normally required of a lawyer. To this end, the Society is looking for information about conditions you are currently experiencing and that could impair your ability to article. The Society is not looking for information about past conditions that have been resolved and are not currently affecting your ability to complete the duties of an articled clerk. **You need only report current circumstances that could affect your ability to perform the duties of an articled clerk.**

The fact that you may have sought professional assistance for a problem is not a bar to enrolment. In most cases, evidence of having sought professional assistance is positive evidence, as it suggests that you are actively seeking to deal with the circumstances and take control of your life.

On behalf of the Society, LIANS operates the Nova Scotia Lawyers Assistance Program (NSLAP), which is completely confidential and open to all lawyers, their families and their staff. It is available to you once you are enrolled as an articled clerk. The Society actively encourages individuals to seek the education and assistance they need. The NSLAP can be contacted at 1-866-299-1299 and offers resources online at [www.nslap.ca](http://www.nslap.ca).

If you would like to discuss a personal concern confidentially, please contact the Director, Education & Credentials, or the Officer, Education & Credentials, at 902-422-1491.

1. Full Name: \_\_\_\_\_

2. Date of Birth (month/day/year): \_\_\_\_\_

3. State any changes of name, formal or informal, or other surnames or given names you have used, and when:  
(If the change in your name was made by a court order, attach a certified or notarized copy of the order.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In asking the following question, the Society is not concerned with issues that have been satisfactorily resolved and do not affect your present ability to practise law competently.

4. Based upon your personal history, your current circumstances or any professional opinion or advice you have received, are you currently experiencing any condition that is reasonably likely to substantially impair your ability to perform the duties of an articulated clerk?

Yes  No

If the answer is “yes” to question 4, please provide a general description of the “impairment” that is likely to substantially impair your ability to perform the duties of an articulated clerk.

(Depending upon your response, the Society may ask for additional information from you or another appropriate source.)

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\_\_\_\_\_  
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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant