



27 New Walk, Leicester, LE1 6TE

**Pupillage application form**

*Please complete in black ink. Please complete all sections. Any that are not relevant need to be crossed through.*

Full name:	
Address:	
Mr/Miss/Mrs/Ms/Dr      Male / Female <i>(delete as appropriate)</i>	
Home Tel Number:	
Mobile Tel Number:	
Date of Birth:	
Email:	
Inn:	
Date of call:	
Next of kin:	
Name:	
Address:	
Email:	
Home Tel Number:	
Mobile Tel Number:	

**Any gaps between employment/education periods should be explained.**

**Education** (Please complete chronologically with your secondary school first)

1. Name and Address			
From:		To:	
Qualifications and Grades			
Date passed			
Tutors email:			

2. Name and Address			
From:		To:	
Qualifications and Grades			
Date passed			
Tutors email:			

3. Name and Address			
From:		To:	
Qualifications and Grades			
Date passed			
Tutors email:			

4. Name and Address			
From:		To:	
Qualifications and Grades			
Date passed			
Tutors email:			

5. Name and Address			
From:		To:	
Qualifications and Grades			
Date passed			
Tutors email:			

Mini-pupillage/Marshalling/Mooting or other relevant experience. (Please complete chronologically – earliest first)		
1	Name and address:	
	Dates:	
	Email:	
2	Name and address:	
	Dates:	
	Email:	
3	Name and address:	
	Dates:	
	Email:	
4	Name and address:	
	Dates:	
	Email:	
5	Name and address:	
	Dates:	
	Email:	

	Dates:	
	Email:	
6	Name and address:	
	Dates:	
	Email:	

**Employment history (Please complete chronologically – earliest first):**

1. Name and Address of Employer			
Post held and duties			
From:		To:	
Reason for leaving:			
Employer's email:			

2. Name and Address of Employer			
Post held and duties			
From:		To:	
Reason for leaving:			
Employer's email:			

3. Name and Address of Employer			
Post held and duties			
From:		To:	
Reason for leaving:			
Employer's email:			

4. Name and Address of Employer			
Post held and duties			
From:		To:	
Reason for leaving:			
Employer's email:			

5. Name and Address of Employer			
Post held and duties			
From:		To:	
Reason for leaving:			
Employer's email:			

Awards:	
Published Articles:	
Languages with level of proficiency:	
Skills:	
Computer experience: (packages & level)	
Interests:	
Other/miscellaneous:	

## References

1	Name:	
	Position:	
	Address:	
	Email:	
	Telephone:	

2	Name:	
	Position:	
	Address:	
	Email:	
	Telephone:	

3	Name:	
	Position:	
	Address:	
	Email:	
	Telephone:	

4	Name:	
	Position:	
	Address:	
	Email:	
	Telephone:	

If you do not want the above contacted without your permission then please tick here: \_\_\_\_\_

**Chambers operates an equal opportunities policy**

**Notes:**

Please provide a large S.A.E and copies of certificates mentioned in the above with your application form.

Please bring original certificates with you if you are called for an interview. All sections must be completed. If any sections are irrelevant then please mark as N/A.

As we receive a great many applications you may not receive a response for 1-2 months. You should only contact Chambers if this period has elapsed without a response.

**Please make sure when you send your application that the postage has been fully paid and that enough stamps have been put on the envelope. If this is not done then your application will remain undelivered and we cannot accept responsibility for that.**

\*If you require notification of safe receipt of your application form then please tick here.....and complete the lower portion of the form enclosing a further S.A.E.

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To be completed by applicant:

Name of applicant:.....

Your address:

.....  
.....

To be completed by Chambers:

Date received:.....

Signed by: .....



I (full name).....

do agree that I will, at all times, both during and after my period of pupillage, strictly observe clients confidentially and will not divulge or reveal the names of clients, or the nature and details of their cases without due authorization.

Signed: .....

Print name: .....

Date: .....

**Collecting monitoring data**

New Walk Chambers is committed to equality of opportunity. We need to monitor our selection processes to ensure that they are fair and non discriminatory.

We would welcome your support in helping us do this by completing the form below.

Please complete this section. The information provided will be held in confidence. It will be used for statistical and monitoring purposes only. It will not be used for making selection decisions.

Please place a tick beside the ethnic origin that you feel is appropriate to you:

- White British
- White Irish
- Other White
- White/Black Caribbean
- White/Black/African
- White/Asian
- Other Mixed
- Black Caribbean
- Black African
- Other Black
- Indian
- Pakistani
- Bangladeshi
- Other Asian
- Chinese
- Other

Please state the term that denotes your sex most appropriately as you see it:

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**Disability Monitoring**

Do you consider yourself to be disabled within the meaning of the Disability Discrimination Act 1995? If so please give further details:

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New Walk Chambers will consider any reasonable adjustments needed to ensure that you can participate in the selection process fairly.

Please identify any arrangements you might need:

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.....  
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Thank you.