

BROADWAY HOUSE

C · H · A · M · B · E · R · S

MINI-PUPILLAGE APPLICATION FORM.

Please print out the six pages of this pdf application form, complete all sections and return to:
Mini-pupillage, Broadway House Chambers, 9 Bank Street, Bradford, BD1 1TW.

CONFIDENTIAL

CLOSING DATE 31st. December

PART A - PERSONAL DETAILS		Application No:
Full Name: (please use block letters)		
Mr/Mrs/Miss/Ms (please delete as applicable)		
Address: (Home)		(Correspondence)
Tel:		Tel:
Date of Birth:	email:	mobile:
Part B - EDUCATION AND QUALIFICATIONS		
<u>First Degree:</u> Establishment attended:	From: To:	Examination Results (subjects, grades and breakdown of level achieved required. Written confirmation of results required)
<u>Other undergraduate / postgraduate / professional qualifications:</u> Establishment attended:	From: To:	Examination Results (subjects, grades and breakdown of level achieved required. Written confirmation of results required)

Other training courses attended or still in progress:

Establishment attended:	From: To:	Examination Results (subjects and level/grade)
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Other qualifications, membership of professional bodies, awards, scholarships held etc.

<p>A Levels or equivalent</p> <p>School/College</p> <p>Subject:</p>	Results (level/grade)	Date
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GCSE/OLEVELS

School/College

Total at each grade:

Part C - EMPLOYMENT/CARER HISTORY - if applicable
 Please put most recent first, continue on a separate sheet if necessary.

Employer	From: To:	Position held	Responsibilities
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Part D - EXPERIENCE/RELEVANT SKILLS/FURTHER INFORMATION

Please provide details of any experience or achievements legal or otherwise, unpaid or voluntary work, skills, languages etc. and continue on a separate sheet if necessary.

Called to the Bar (if applicable): (1) Date of call
(2) Inn of Court

Mini-pupillages and other Bar related experience.
Chambers

Date

(1) What makes you want to be a barrister:

(2) Why have you applied to Broadway House Chambers for a mini-pupillage?

ANY OTHER INFORMATION

Please include any other information which you want us to consider.

Do you intend to practise in England & Wales?

YES/NO

Please indicate if you intend to apply through OLPAS for a pupillage at Broadway House Chambers if applicable

YES/NO

Where did you learn about mini-pupillages at Broadway House Chambers:

Advert Website Law Fair Other please specify

Broadway House Chambers reference number from any previous application:

Part E - REFERENCES

Please give the names, addresses and telephone numbers of two Referees who can confirm your employment or academic record and whom you are happy we should contact. One at least should be an academic Referee.

1.

Name

Address:

Telephone:

email:

2.

Name

Address:

Telephone:

email:

Part F - AVAILABILITY

Please list all the dates for when you would be available to attend for a week's mini-pupillage.
If your application for a mini-pupillage is successful, we will contact you to confirm a date.

DATES

From:	To:	From:	To:
From:	To:	From:	To:
From:	To:	From:	To:

Part G - EQUAL OPPORTUNITIES MONITORING

Broadway House Chambers is striving to ensure that applicants are treated fairly and are offered a pupillage solely on the basis of their suitability, irrespective of race, age, sexuality or disability. We wish to monitor all stages of our recruitment procedure to try and ensure that unfair discrimination is not taking place. To assist us in this monitoring process, we would be grateful if you could complete the following form by ticking the relevant boxes.

I would describe my race or ethnic origin as:

- | | | |
|--|---|---|
| (I). <input type="checkbox"/> Black: African | (I). <input type="checkbox"/> Indian | (I). <input type="checkbox"/> White |
| (I). <input type="checkbox"/> Black: Caribbean | (I). <input type="checkbox"/> Pakistani | (I). <input type="checkbox"/> Chinese |
| (I). <input type="checkbox"/> Black: Other
(please specify) | (I). <input type="checkbox"/> Bangladeshi | (I). <input type="checkbox"/> Other
(please specify) |

My Gender is FEMALE MALE

I have a disability I would like Chambers to know about (please specify).

***I confirm the content of this form and wish to apply for a mini-pupillage.
I do agree that I will, at all times, both during and after my period of mini-pupillage strictly observe clients confidentiality and will not divulge or reveal the name of clients, or the nature and details of their cases without authorisation.***

Signed: **Date:**

Print Name.....