

| Application No. | |
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| (internal use only) | |

Mini-Pupillage Application Form

| Please complete this for | rm and return it by email to <u>lyana</u> | a.peniston@brickcourt.co.uk. |
|--|---|---|
| CONTACT INFORI | MATION | |
| Prefix First Nam | ne | Last Name |
| | | |
| Correspondence Addres | SS | Telephone (Home) |
| | | |
| | | Telephone (Mobile) |
| | | |
| | | Email |
| | | |
| Whether you anticipa 12-month pupillage, aPlease note that we a | nd if so please provide details. | the BSB from the requirement to undertake a olications for those who intend to apply for a |
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| Application No | |
|---------------------|--|
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| Are there any restrictions on your ability to work in the UK? Yes No If you do not have the permanent, unrestricted right to work in the UK, you should answer Yes to this question. Restrictions on your right to work in the UK may include any fixed-term visa. If you have answered Yes to this question, please provide details of the restriction and upload the necessary documents to this application. | ABILITY TO WORK IN THE UK |
|---|--|
| question. Restrictions on your right to work in the UK may include any fixed-term visa. If you have answered Yes to this question, please provide details of the restriction and upload the necessary | Are there any restrictions on your ability to work in the UK? |
| | question. Restrictions on your right to work in the UK may include any fixed-term visa. If you have answered Yes to this question, please provide details of the restriction and upload the necessary |
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| EDUCATION |
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| All transcripts to be appended to your application. |
| Schools or colleges attended with dates. |
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| GCSEs or equivalent (date; subject; grade) |
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| A Levels or equivalent (date; subject; grade) |
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| University attended and title of course (dates) |
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| Have you completed your degree? Yes No |
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| If yes, please provide your final grade, a breakdown of results and position in year |
| |
| If no, please provide full details of all your course results to date (date; nature of qualification; grade) |
| |
| Other post-graduate qualifications including GDL and BPTC (date; institution; nature of qualification; grade) |
| |
| Individual subjects studied as part of GDL (subject; date; grade) |
| |



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| OTHER RELEVANT INFORMATION |
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| Membership of an Inn of Court (Inn, membership number and date from) |
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| Scholarships, awards, prizes (dates and details) |
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| Mini Dunillagas undartakan (data Chambara shart dasarintian of work avariance) |
| Mini-Pupillages undertaken (date; Chambers; short description of work experience) |
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| Other relevant work experience (e.g. Dates; employers and brief detail) |
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| Other relevant experience (e.g. mooting; publications; positions of responsibility held; interests) |
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| APPLICATION QUESTIONNAIRE |
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| Please answer the following questions. |
| Summarise a case and say whether you think it was decided correctly (400 words). |
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| Please provide an example of an occasion on which you tried to change someone's mind about something. Please briefly explain the situation, what you did/said, and the result that it had (300 words). |
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| Please provide an example of when you have displayed resilience (300 words). |
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| If there is anything else that you would like to tell us about your application, or if there are any mitigating/extenuating circumstances, please tell us here. We are committed to recruiting the best |
| possible pupils from all backgrounds and groups across society, including those who are traditionally underrepresented at the bar (200 words) |
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REFERENCES

Please give details of two referees whom we may contact. One should be an academic referee who will be able to speak in detail as to your academic ability (not necessarily in law if your academic career to date has principally been in another subject). The other should be a professional or further academic referee. Any personal referees should be able to speak from a good level of personal experience of you but should not be a family member. We do not require you to append references to your application.

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|---|---|
| Name | Email |
| | |
| Address | Experience of you |
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| | |
| Post Code | |
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| | |
| Name | Email |
| | |
| Address | Experience of you |
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| DECLARATION AND DATA DECTECTION | N.I. |
| DECLARATION AND DATA PROTECTIO | IN. |
| As part of your application for mini-pupillage, we will process personal data about you as necessary. | By completing the tick box below: I confirm that I consent to the processing of my |
| By making an application for mini-pupillage you | personal data; |
| consent to the processing of your personal data under the provisions of the Data Protection Act | I confirm the contents of this form are true and accurate; and |
| 2018 in accordance with Brick Court Chambers Privacy Notice (which can be accessed <u>here</u>). | I confirm that I wish to apply for mini-pupillage at Brick Court Chambers |
| Three (Willer can be decessed <u>ficie</u>). | at Eriot Court Gridingers |
| | |
| Confirmation Date | |



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Equality And Diversity Monitoring Form

Strictly Private and Confidential

| Brick Court Chambers is committed to equality of opportunity. All applications are considered on an equal basis, in accordance with all applicable equal opportunities legislation. In order to monitor the effectiveness of our equal opportunities policy and to assist us in meeting our statutory duties under the Equality Act 2010, we request all applicants to provide the information indicated below. This information will only be used for monitoring and statistical analysis and will not be used as part of the selection process. Your diversity data will be treated as confidential and stored securely. It will not be published in a way that might identify any individual and will not be disclosed to third parties. Please select one response to each question below. | | |
|---|--|--|
| | | |
| Gender | | |
| Male | Prefer not to say | |
| Female | | |
| Is your gender identity the same as your sex registered | ed at birth? | |
| Yes | If no, please enter gender identity | |
| No | | |
| Prefer not to say | | |
| What is your sexual orientation? | | |
| Bisexual | Heterosexual/straight | |
| Gay man | I use a different term | |
| Gay woman/Lesbian | Prefer not to say | |
| ETHNICITY: Please indicate your ethnic group | | |
| White | | |
| English/Welsh/Scottish/Northern Irish/British | Any other White Background, please enter - | |
| Irish | | |
| Gypsy or Irish Traveller | | |
| Roma | | |
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BRICK COURT

| Application No. | |
|---------------------|--|
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| Mixed/Multiple Ethnic Groups | |
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| White and Black Caribbean | Any other Mixed or Multiple ethnic background, please enter - |
| White and Black African | |
| White and Asian | |
| Prefer not to say | |
| Asian/Asian British | |
| Asian Indian | Any other Asian Background, please enter - |
| Asian Pakistani | |
| Asian Bangladeshi | |
| Chinese | |
| Black/African/Caribbean/Black British | |
| Black African | Any other Black background, please enter - |
| Black Caribbean | |
| Other Ethnic Group | |
| Arab | Any other ethnic group, please enter - |
| Prefer not to say | |
| Religion/Belief | |
| Buddhist | Sikh |
| Christian (all denominations) | Agnostic |
| Hindu | Any other religion or belief |
| Jewish | No religion |
| Muslim | Prefer not to say |
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| DISABILITY | | |
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| Disability is defined by relevant legislation as a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities. | | |
| Do you consider yourself to have a disability? | | |
| Yes - please specify the nature of your disability - | No | |
| | Prefer not to say | |
| Are your day to day activities limited because of a he expected to last, at least 12 months? | ealth problem or disability which has lasted, or is | |
| Yes | Prefer not to say | |
| No | | |
| Age Group | | |
| Under 25 | 55-64 | |
| 25-34 | 65+ | |
| 35-44 | Prefer not to say | |
| 45-54 | | |
| SCHOOL BACKGROUND | | |
| Did you mainly attend a state or fee-paying school k | petween the ages of 11-18? | |
| UK non-selective state school (e.g. comprehensive) | | |
| UK selective state school (e.g. grammar school) | | |
| UK fee-paying school (private, independent) | | |
| UK fee-paying school supported by a means-tested bursary/scholarship | | |
| School outside the UK | | |
| Prefer not to say | | |
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| If you finished school after 1980, were you eligible for school years? | free school meals at any point during your |
|--|---|
| Yes | I don't know |
| No | Prefer not to say |
| Not applicable | |
| PARENTAL EDUCATION | |
| If you went to university (to study a BA, BSc, or High attended university by the time you were 18? | ner) had either (or both) of your parents or carers |
| Yes | I didn't attend university |
| No | Prefer not to say |
| I don't know | |
| CARING RESPONSIBILITIES | |
| Are you a primary carer for a child or children under | 18? |
| Yes | Prefer not to say |
| No | |
| Do you look after, or give any help or support to fami of either; long-term physical or mental ill-health/disal anything you do as part of paid employment.) | |
| No | Yes, 50 or more hours a week |
| Yes, 1-19 hours a week | Prefer not to say |
| Yes, 20-49 hours a week | |
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| Please note that we will retain your data for the lengt find our privacy policy <u>here</u> . | h of time required to process your application. You can |
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