

Application Ref
For office use only

APPLICATION FORM FOR PUPILLAGE 2020-2021

STRICTLY CONFIDENTIAL



ST JOHN STREET
CHAMBERS
www.18sjs.com

GUIDANCE FOR FORM COMPLETION:

- Please do not include cover letters, additional pages or additional documentation with the application form. Save for issues relating to disability these will not be considered.
- If you have a disability, please provide details and ask the chambers manager if you seek help with submitting your application.
- Please do not exceed the space provided in the boxes below.
- All information on Pages 1 and 5 is withheld from the assessment panel for equality purposes.
- Please return completed forms, electronically, to pupils@18sjs.com
- Only one application per candidate will be accepted.

PERSONAL DETAILS:

Surname:		Title	
Forename(s):			

Correspondence address:	
Postcode:	

Telephone:	
Email:	

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A-LEVEL OR EQUIVALENT EDUCATION

If you do not have A-levels, please name the qualification(s).

Name of the school/college attended:	
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Year	Subject	Grade

UNDERGRADUATE EDUCATION

Institution:	
Subject and Degree:	
Grade:	
Years in attendance:	

POSTGRADUATE EDUCATION (including GDL but excluding BPTC)

Institution(s):	
Subject(s) and Degree(s):	
Grade(s):	
Years in attendance:	

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BPTC/BVC

Institution:	
Grade:	
Years in attendance:	

WORK/CAREER HISTORY

Please choose no more than four.

Year(s)	Employer and address	Role and responsibilities

MINI-PUPILLAGES AND VACATION SCHEMES

Please choose no more than six.

Year	Chambers / Firm / Institution	Practice Area(s)

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PRACTICE AREA

Which pupillage are you applying for? (please choose one)

Why have you chosen that specific practice area?

ABOUT YOU:

Why should we offer you a pupillage? Please include in this box any factors that we may need to consider when reviewing your application.

REFEREES:

Please provide two relevant referees. They will be contacted only upon provisional offer of pupillage.

Name:		Name:	
Address:		Address:	
Email:		Email:	
Telephone:		Telephone:	
Relationship with referee:		Relationship with referee:	

DECLARATION:

I certify that my answers are true and complete to the best of my knowledge. If this application leads to Pupillage, I understand that false or misleading information in my application or interview may result in my offer being withdrawn.

Signature:	
Date:	

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EQUAL OPPORTUNITIES MONITORING FORM

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We aim to practice equal opportunities and will select candidates solely on merit irrespective of race, sex, disability, sexual orientation, religion etc.

In order to monitor the effectiveness of our equal opportunities policy, we request all applicants to provide the information indicated below and overleaf.

This information will only be used for monitoring and statistical analysis and will not be passed on to selectors. For the purposes of statistical analysis all information will be anonymised.

Please tick the box to confirm that you agree for the information to be used in the above manner.

PERSONAL DETAILS:

Surname:		Title:	
Forename(s):			

Date of Birth:	
Gender (<i>Male/Female</i>)	
Details of any Disability:	

Do you consider yourself disabled? (<i>Yes/No</i>)	
Are you registered disabled? (<i>Yes/No</i>)	

DECLARATION:

I confirm that the information contained in this application form is accurate.

Signature:	
Date:	

Please complete overleaf and return with your application.

ETHNIC ORIGIN:

Choose ONE section from A to E, then place an 'X' in the appropriate box to indicate your cultural background.

A. WHITE	
(X)	
<input type="checkbox"/>	British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Any other White background, please specify: <input type="text"/>
B. MIXED	
(X)	
<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Any other Mixed background, please specify: <input type="text"/>
C. ASIAN OR ASIAN BRITISH	
(X)	
<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Any other Asian background, please specify: <input type="text"/>
D. BLACK OR BLACK BRITISH	
(X)	
<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	Any other Black background, please specify: <input type="text"/>
E. CHINESE OR OTHER ETHNIC GROUP	
(X)	
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Any other, please specify: <input type="text"/>