**APPLICATION FORM FOR MINI-PUPILLAGE**

**GUIDANCE**

* Please return completed forms via email to: pupils@18sjs.com
* Please do not exceed the word count limits set out below. Any cover letters, additional pages or additional documentation will not be considered when deciding whether or not to offer a mini-pupillage.
* 18 St John Street Chambers is an Equal Opportunities Employer. If you require any reasonable adjustments or help during the application process or during the mini pupillage itself, please get in touch and let us know.

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Title: |  |
| Surname: |  |
| Forename(s): |  |
| DOB (or indicate you are over 18) |  |
| Correspondence address: |  |
| Phone:  |  |
| Email: |  |

**A-LEVEL OR EQUIVALENT EDUCATION**

|  |  |
| --- | --- |
| School/ college: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Qualification | Subject | Grade |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**UNDERGRADUATE EDUCATION**

|  |  |
| --- | --- |
| University: |  |
| Subject and degree: |  |
| Grade (if predicted, please indicate): |  |
| Start year: |  |
| End year: |  |

**POSTGRADUATE EDUCATION**

|  |  |
| --- | --- |
| University: |  |
| Subject and degree: |  |
| Grade (if predicted, please indicate): |  |
| Start year: |  |
| End year: |  |

**WORK/CAREER HISTORY**

|  |  |  |
| --- | --- | --- |
| Year | Employer and address | Roles and responsibilities |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**MINI-PUPILLAGES AND VACATION SCHEMES**

Please include those undertaken and those in the future.

|  |  |  |
| --- | --- | --- |
| Year | Chambers/ Firm | Practice Area |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**PRACTICE AREA**

|  |
| --- |
| Which practice areas are you interested in experiencing and why? (Max 200 words) |
|  |

**ABOUT YOU**

|  |
| --- |
| Why do you want to undertake a mini-pupillage with 18 St John Street Chambers? (Max 400 words) |
|  |

**ANY OTHER INFORMATION**

|  |
| --- |
| Is there any other information relevant to your application? |
|  |

**DECLARATION**

I certify that my answers are true and complete to the best of my knowledge. I confirm that I agree for the details contained within this form to be stored and processed by 18 St John Street Chambers for the purpose of mini-pupillage recruitment.

|  |  |
| --- | --- |
| Signature:  |  |
| Date: |  |

**EQUAL OPPORTUNITIES MONITORING FORM**

**GUIDANCE**

We aim to practise equal opportunities and will select candidates solely on merit irrespective of race, gender, disability, sexual orientation etc. In order to monitor the effectiveness of our equal opportunities policy, we request all applicants to provide the information indicated below. Completing this form is entirely optional. 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.

**PERSONAL DETAILS**

**Age**

From the list of age bands below, please indicate the category that includes your current age in years:

|  |  |
| --- | --- |
| 16 - 24 |  |
| 25 - 34 |  |
| 35 - 44 |  |
| 45 - 54 |  |
| 55 - 64 |  |
| 65+ |  |
| Prefer not to say |  |

**Sex**

What is your sex?

|  |  |
| --- | --- |
| Male |  |
| Female |  |
| Prefer not to say |  |

**Gender Identity**

This following question is designed to gather trans data i.e. whether your gender identity and/or gender expression differs from your birth sex. Is your gender identity the same as the sex that you were assigned at birth? If no, please enter gender identity.

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

**Disability**

The Equality Act 2010 generally defines a disabled person as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person’s ability to carry out normal day-to-day activities.

(a) Do you consider yourself to have a disability according to the definition in the Equality Act?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

(b) Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

|  |  |
| --- | --- |
| Yes, limited a lot |  |
| Yes, limited a little |  |
| No |  |
| Prefer not to say |  |

**Ethnic group**

What is your ethnic group?

|  |  |  |
| --- | --- | --- |
| Asian / Asian British | Bangladeshi |   |
| Chinese |   |
| Indian |   |
| Pakistani |   |
| Any other Asian background (write in) |   |
| Black / African / Caribbean / Black British | African |   |
| Caribbean |   |
| Any other Black / Caribbean / Black British (write in) |   |
| Mixed / multiple ethnic groups | White and Asian |   |
| White and Black African |   |
| White and Black Caribbean |   |
| White and Chinese |   |
| Any other Mixed / multiple ethnic background (write in) |   |
| White | British / English / Welsh / Northern Irish / Scottish |   |
| Irish |   |
| Gypsy or Irish Traveller |   |
| Any other White background (write in) |   |
| Other ethnic group | Arab |   |
| Any other ethnic group (write in) |   |
| Prefer not to say |   |

**Religion or belief**

What is your religion or belief?

|  |  |
| --- | --- |
| No religion or belief |  |
| Buddhist |  |
| Christian (all denominations) |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Any other religion (write in) |  |
| Prefer not to say |  |

**Sexual orientation**

What is your sexual orientation?

|  |  |
| --- | --- |
| Bisexual |  |
| Gay man |  |
| Gay woman/lesbian |  |
| Heterosexual/straight |  |
| Other |  |
| Prefer not to say |  |

**Socio-economic background**

(a) If you went to University (to study a BA, BSc course or higher), were you part of the first generation of your family to do so?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Did not attend University |  |
| Prefer not to say |  |

(b) Did you mainly attend a state or fee-paying school between the ages 11 – 18?

|  |  |
| --- | --- |
| UK State School |  |
| UK Independent/Fee-paying School |  |
| Attended school outside the UK |  |
| Prefer not to say |  |

**Caring responsibilities**

(a) Are you a primary carer for a child or children under 18?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

(b) Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- Long-term physical or mental ill-health / disability

- Problems related to old age.

(Do not count anything you do as part of your paid employment)

|  |  |
| --- | --- |
| No |  |
| Yes, 1 - 19 hours a week |  |
| Yes, 20 - 49 hours a week |  |
| Yes, 50 or more hours a week |  |
| Prefer not to say |  |

**DECLARATION**

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

|  |  |
| --- | --- |
| Signature:  |  |
| Date: |  |

**Thank you for completing this questionnaire**