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| Mini PupillageApplication Form | Date: 2025 |

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| **Crown Office Chambers Use** |
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| **A. Personal Details** |
| Name |  | Date of Birth |  |
| Address *(including postcode)* |  |
| Email address |  | Tel Number |  |

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| **B. Education Details** |
| **Higher Education** |
| **1st Degree**Education Institution | Course | Date | Results (including annual/interim results and results for individual law subjects) |
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| **Others**Education Institution | Course | Date | Results (including annual/interim results and results for individual law subjects) |
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| **Secondary Education** |
| **Name of School(s)** |  |
| **“A” Levels (or equivalent)**Date | Subject | Grade |
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| **GCSEs (or equivalent)**Date | Subject | Grade |
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| **Scholarships and Awards** |
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| **Mooting/Public Speaking -** What is your experience? (no more than 150 words) |
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| **Languages -** What foreign languages do you speak? Are you fluent in them? |
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| **Other Qualifications** |
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| **C. Employment/Work Experience** |
| **Employment/Work Experience including Mini-Pupillages** |
| Date | Company/chambers/firm | Position |
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| **Principal Interests and Activities -** e.g. music, drama, sport, voluntary work, publications etc. (No more than 120 words) |
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| **D. Career** |
| **The Bar - Why are you thinking of becoming a Barrister?** (No more than 120 words) |
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| **Crown Office Chambers - Why have you applied to Crown Office Chambers** (No more than 120 words) |
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| **What dates are you available to attend for a mini-pupillage?** |
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| **E. Declaration** |
| The facts, matters and information I have provided in this application form are true to the best of my knowledge. By submitting an on-line application for mini pupillage you are declaring to Chambers that the contents are true to the best of your knowledge and belief. |

If there is any other information which you wish to be considered or if you consider the space provided in this form to be insufficient, please attach separate sheets.

We appreciate that completing this form is time consuming and thank you for the effort you have put in. Although we receive a large number of applications, we endeavour to acknowledge receipt of your application form within 4 weeks. If you have not heard from us in that time please contact us to check we have safely received your form.

Equal Opportunities Monitoring Form

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 out 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.

**Please note that to select a box on the form below you need to double-click on it and then choose the option “checked”.**

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| **Personal Details** |
| Date  | Name  |
| Application for Pupillage  | Pupillage | [ ]  First or second 6 months[ ]  12 months[ ]  Further 6 months |
| Tenancy       | Other       |
| Date of Birth  |

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| **Gender** |
| What is your gender? [ ]  Male [ ]  Female [ ]  Prefer to self identify [ ]  Prefer not to say  |

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| **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. A trans person may or may not seek to undergo gender reassignment hormonal treatment/surgery.Is your gender the same as you were assigned at birth?[ ]  Yes [ ]  No [ ]  Prefer not to say  |

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| **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. |
| Do you consider yourself disabled according to the definition in the Equality Act? [ ]  Yes [ ]  No [ ]  Prefer not to say  |
| 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 |

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| **Ethnic Origin** |
| *Asian/Asian British* |
| [ ]  Bangladeshi | [ ]  Chinese | [ ]  Indian |
| [ ]  Pakistani | [ ]  Asian - Other (please specify)       |
| *Black/African/Caribbean/Black British* |
| [ ]  African | [ ]  Caribbean | [ ]  Other Black/Caribbean/Black British (please specify)       |
| *Mixed/multiple ethnic groups* |
| [ ]  White and Asian | [ ]  White and Black African | [ ]  White and Black Caribbean |
| [ ]  White and Chinese | [ ]  Other mixed/multiple ethnic background (please specify)       |
| *White* |
| [ ]  British/English/Welsh/Northern Irish/Scottish | [ ]  Irish |
| [ ]  Gypsy or Irish Traveller  | [ ]  Other white background (please specify)       |
| *Other Ethnic Group* |
| [ ]  Arab | [ ]  Any other ethnic group (please specify)       |
| *Prefer not to say* |
| [ ]  Prefer not to say |

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| **Religion or belief** |
| What is your religion or belief? |
| [ ]  No religion or belief | [ ]  Buddhist | [ ]  Christian (all denominations) |
| [ ]  Hindu | [ ]  Jewish | [ ]  Muslim |
| [ ]  Sikh | [ ]  Any other religion (please specify)       |
| [ ]  Prefer not to say |

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| **Sexual orientation** |
| What is your sexual orientation? |
| [ ]  Bisexual | [ ]  Gay man | [ ]  Gay woman/lesbian |
| [ ]  Heterosexual/straight | [ ]  Other | [ ]  Prefer not to say |

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| **Socio-economic background** |
| 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 |
| Which type of school did you attend for the most time between the ages of 11 – 18? |
| [ ]  A non-selective state-run or state funded school | [ ]  A state-run or state funded school which is selective on academic, faith or other grounds |
| [ ]  Independent or fee paying school | [ ]  Independent or fee paying school supported by a means tested scholarship |
| [ ]  Attended school outside the UK | [ ]  I don’t know |
| [ ]  Prefer not to say |

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| **Caring responsibilities** |
| Are you a primary care for a child or children under 18 |
| [ ]  Yes | [ ]  No | [ ]  Prefer not to say |
| 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 or problems related to old age? (Do not count anything you do as part of your paid employment). |
| [ ]  No | [ ]  Yes, 1-19 hours per week | [ ]  Yes, 20-49 hours per week |
| [ ]  Yes, 50 hours+ per week | [ ]  Prefer not to say |