



## Pupillage Application Form For pupillage commencing 2012

Hogarth Chambers is committed to equal opportunities and we aim to select candidates solely on merit, irrespective of sex, race, colour, ethnic or national origin, marital status, disability, sexual orientation, religion, belief or age.

A. Personal Details	
Title	Mr/Mrs/Ms/Miss/Dr/Other (please state)
Name	
Contact Address	
Telephone	
Mobile	
E-mail address	

B. Education & Qualifications
<b>Have you completed your degree?</b> To select a box, double-click on it and choose the option "checked".
Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>First Degree</b>			
<b>Date</b>	<b>Institution</b>	<b>Courses/final year Options and/or dissertation</b>	<b>Results (overall and for each year if applicable)</b>

<b>Further degrees and/or other qualifications</b>			
<b>Date</b>	<b>Institution</b>	<b>Course</b>	<b>Results</b>

<b>G.D.L./C.P.E</b>			
<b>Date</b>	<b>Institution</b>	<b>Course</b>	<b>Results</b>

<b>B.V.C.</b>			
<b>Date</b>	<b>Institution</b>	<b>Specialist modules</b>	<b>Results</b>

<b>A Levels or equivalent</b>			
<b>Date</b>	<b>School</b>	<b>Subject</b>	<b>Results</b>

<b>G.C.S.Es or equivalent</b>			
<b>Date</b>	<b>School</b>	<b>Subject</b>	<b>Results</b>

<b>C. Awards, Scholarships and Prizes</b> Please provide details.

**D. Have you been called to the Bar?**

To select a box, double-click on it and choose the option "checked".

Yes  No 

If yes, which Inn?

Grays Inn  Inner Temple Lincoln's Inn  Middle Temple **E. Employment History/Work Experience**

Please mention the most recent first (include any voluntary or self-employed work).

Dates	Company/Employer	Position Held & Responsibilities

**F. Mini-Pupillages/Placements**

Mini-pupillages

Dates	Chambers	Details of Mini-Pupillage

**Other Placements ( e.g. Marshalling/Solicitor/Patent & Trade Mark Attorney)**

Please provide dates and details of any other relevant placements which you have completed.

<b>Dates</b>	<b>Firm</b>	<b>Details</b>

**G. Public Speaking, Mooting & Debating**

Please provide details of any public speaking, mooting, debating or mock trials in which you have been involved.

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## H. Career

**Why have you applied to Hogarth Chambers?** (Maximum 400 words please)

## I. Other Experience and Interests

Please use this space to tell us about any other details you would like us to consider.  
(Maximum 200 words please).

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<b>J. Referees</b>			
Please provide details of two referees (one of whom should be academic).			
<b>Name, Position, Company or Institution</b>	<b>Address</b>	<b>E-mail Address</b>	<b>Telephone Number</b>

**K. How you heard about us**

Please tell us how you heard about pupillage at Hogarth Chambers (you may tick more than one box if applicable). To select a box, double-click on it and choose the option "checked".

- College       University       Friends
- doctorjob.com       LawCareers.net       National Pupillage Fair
- Pupillages Handbook       Chambers & Partners Student Guide
- The Training Contract & Pupillage Handbook
- Other (please specify)



## Equal Opportunities Monitoring Form

Hogarth Chambers is committed to equal opportunities and we aim to select candidates solely on merit, irrespective of sex, race, colour, ethnic or national origin, marital status, disability, sexual orientation, religion, belief or age.

We request all applicants to provide the information indicated below. You are not required to fill in this questionnaire and a failure to do so will in no way prejudice your application. This information will only be used to monitor the effectiveness of our Equal Opportunities Policy and this form will be separated from the rest of your application before it is passed on to selectors for their consideration. This information will be kept confidential and will not be taken into account in the selection process.

**To select a box, double-click on it and choose the option “checked”.**

### 1. What is your gender?

Female       Male

### 2. Disability

Do you consider yourself disabled within the meaning of the Disability Discrimination Act 1995?

Yes       No

### 3. How would you describe your ethnic origin? Please tick one of the following categories.

- |  |   |
|--|---|
| <input type="checkbox"/> White British   | <input type="checkbox"/> Bangladeshi            |
| <input type="checkbox"/> White Irish     | <input type="checkbox"/> Chinese                |
| <input type="checkbox"/> Other White     | <input type="checkbox"/> Other Asian            |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> White/Black Caribbean  |
| <input type="checkbox"/> Black African   | <input type="checkbox"/> White/Black/African    |
| <input type="checkbox"/> Other Black     | <input type="checkbox"/> White/Asian            |
| <input type="checkbox"/> Indian          | <input type="checkbox"/> Other Mixed            |
| <input type="checkbox"/> Pakistani       | <input type="checkbox"/> Other (please specify) |