

MINI PUPILLAGE APPLICATION FORM



Please complete electronically where possible

PART A: PERSONAL DETAILS					
First (Given) Name					
Surname					
Address Line 1					
Address Line 2					
Town / City					
Post Code					
Telephone					
Email					
Are there any restrictions on you practising at the Bar in England and Wales? <i>(If you have answered yes to this question please provide details on a separate sheet or in your covering email)</i>					YES / NO
PART B: EDUCATION AND QUALIFICATIONS					
Please list your GCSE qualifications (or equivalent)					
Subject	Year	Grade	Subject	Year	Grade
1.			8.		
2.			9.		
3.			10.		
4.			11.		
5.			12.		
6.			13.		
7.			14.		

Please list your A and A/S Level qualifications (or equivalent)			
Subject	Year	Qualification (AS / A Level / IB etc)	Grade

Please give details of your University and/or college result(s) to date.
(Please include GDL/BPTC results here. If you have attended more than three establishments please provide additional details on a separate sheet on in your covering email)

University/College 1	
Subject	
Year 1 Results (breakdown of results for each paper)	
Year 2 Results (breakdown of results for each paper)	
Final Result (if known, plus breakdown)	
Other Information including prizes or ranking in year	
University/College 2	
Subject	
Year 1 Results	
Year 2 Results	
Final Result (if known)	
Other Information including prizes or ranking in year	
University/College 3	
Subject	

Year 1 Results	
Year 2 Results	
Final Result (if known)	
Other Information including prizes or ranking in year	

PART C: CHOICE OF CAREER AND CHAMBERS

What skills, experience and achievements do you have that demonstrate an ability to succeed at the Bar?

(This could include, for example, relevant career / work experience history, and extra-curricular activities. Please limit your response to 350 words)

Why have you applied to 2TG for a mini pupillage?

(Please give your principal three reasons)?

1.

2.

3.

How did you learn about mini pupillages/pupillages at 2TG?

(Please tick as appropriate)

- | | | | |
|--------------------------|--------------------------|-------------------------------|--------------------------|
| Doctor Job Web Site | <input type="checkbox"/> | Fellow Student | <input type="checkbox"/> |
| Target Law | <input type="checkbox"/> | Other Personal Recommendation | <input type="checkbox"/> |
| Law Tutor Recommendation | <input type="checkbox"/> | Law Fair | <input type="checkbox"/> |
| Internet Research | <input type="checkbox"/> | Legal Directories | <input type="checkbox"/> |

Other *(Please specify)*

--

PART D: REFERENCE

Reference – please give the name, and contact details of a referee. You should download the Referee Report Form from the 2TG website and complete the part of the form relating to you and then hand it to your referee to return to chambers direct.

(preference is for an academic referee)

Name	
Address Line 1	
Address Line 2	
Town / City	
Post Code	
Telephone	
Email	

I confirm that the facts stated in this Application Form are true and that I wish to apply for an assessed mini-pupillage. I agree that if I attend 2TG as part of a mini-pupillage I will keep confidential all material that I am provided with (including the problem question) and will return all such material and copies thereof to 2TG at the completion of the mini-pupillage.

.....
(Please type your name to signify your agreement to these terms)

.....
(Date)

2TG DIVERSITY DATA QUESTIONNAIRE - RECRUITMENT

We are required by the Bar Standards Board, our Regulator, to ask candidates to complete this form to help us monitor equality and diversity at the Bar and in chambers.

All Diversity Data forms are held confidentially and anonymously. They are held separately from applications and candidate records and are not seen or taken into account in any way by those involved in your recruitment process.

Please answer each question by ticking one option only, unless otherwise indicated.

1. Role

Barrister member/Pupil	
Clerk	
Support staff	

2. Age

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

3. Gender

Male	
Female	
Prefer not to say	

4. 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	

5. 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	
-------------------	--

6. Religion or belief

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

7. Sexual orientation

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

8. Education

- (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	

9. 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	

Thank you for completing this questionnaire.