FOUNTAIN COURT CHAMBERS

MINI PUPILLAGE APPLICATION FORM

Please email your completed application form to Alice Martin at: [pupillage@fountaincourt.co.uk](mailto:pupillage@fountaincourt.co.uk).

We prefer to receive the form in a word document by email but alternatively it can be sent by mail to:

Fountain Court Chambers, Fountain Court, Temple, London EC4Y 9DH.

1. **PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Name:** |  |
| **Surname:** |  |
| **Title**  **(Mr/Mrs/Miss/Ms etc):** |  |
| **Address:** |  |
| **Email:** |  |
| **Phone no:** |  |

1. **PLEASE DESCRIBE YOUR CURRENT SITUATION AND CIRCUMSTANCES (FOR EXAMPLE, CURRENT EMPLOYMENT OR STAGE OF UNIVERSITY CAREER)**
2. **PLEASE SET OUT BELOW WHY YOU HAVE APPLIED TO FOUNTAIN COURT FOR A MINI PUPILLAGE**
3. **AVAILABILITY FOR MINI-PUPILLAGE**

Mini-pupillages are available during college holidays. Please indicate the dates you are available/unavailable.

|  |  |  |
| --- | --- | --- |
| **Christmas** | **Easter** | **Summer** |
|  |  |  |

1. **EDUCATION**

University

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Establishment** | **Subject & final grade** | **Examination results (including subject and grade breakdown)** |
|  |  |  |  |
|  |  |  |  |

School

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates | **School** | **Level**  **(A Level / GCSE etc or equivalent)** | Subject | **Grade** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Details of other relevant Education background – e.g. prizes won, scholarships, other qualifications not covered above**

1. **EMPLOYMENT/CAREER HISTORY (IF APPLICABLE) AND/OR OTHER RELEVANT EXPERIENCE (E.G. MINI PUPILLAGES)**

|  |  |  |
| --- | --- | --- |
| **Dates** | **Employer** | Summary |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **ANY OTHER RELEVANT INFORMATION NOT COVERED ABOVE, INCLUDING ACTIVITIES AWAY FROM WORK OR FORMAL EDUCATION**
2. **PLEASE CONFIRM BELOW WHETHER OR NOT YOU HAVE APPLIED FOR A MINI PUPILLAGE AT FOUNTAIN COURT BEFORE. IF YOU HAVE, PLEASE PROVIDE THE DATE AND WHO YOU SAT WITH.**
3. **DECLARATION AND DATA PROTECTION**

By entering my full name below:

1. I confirm that the contents of this form are accurate to the best of my knowledge and belief; and
2. Unless I notify Fountain Court Chambers to the contrary, I consent to the retention of my personal data in accordance with the Fountain Court Chambers Privacy Notice and Record Retention Schedule (which can be accessed here: <https://www.fountaincourt.co.uk/wp-content/uploads/Fountain-Court-Privacy-Policy.pdf> )

**FULL NAME:**

**(please type or sign)**

**Please now complete the Equality and Diversity Monitoring form on the next pages.**

**Equality and Diversity Monitoring Form**

Fountain Court would greatly appreciate your help in the monitoring of mini-pupillage applications from a diversity and equal opportunities standpoint. To that end, you are invited to complete and return this anonymous questionnaire. Completing it is voluntary, but we strongly encourage you to do so, so that we have as complete and accurate information as possible. **The information you provide will be treated in total confidence** and will not be available as part of the selection process.

Please highlight your responses in yellow.

**GENDER:**

* Male
* Female
* Prefer not to say

**ETHNIC ORIGIN:** (please select one option)

* Mixed/Multiple ethnic groups:
* White and Asian
* White and Black African
* White and Black Caribbean
* White and Chinese
* Any other mixed/multiple ethnic background
* Asian/Asian British
* Bangladeshi
* Chinese
* Indian
* Pakistani
* Any other Asian background
* Black/African/Caribbean/Black British
* African
* Caribbean
* Any other Black/African/Caribbean/Black British
* White
* British/English/Welsh/Northern Irish/Scottish
* Irish
* Gypsy or Irish traveller
* Any other White Background
* Other ethnic group
* Arab
* Any other ethnic group

**DISABILITY:**

Disability is defined by relevant legislation as a physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out normal day-to-day activities.

1. Do you consider yourself to have a disability?

* Yes
* No
* Prefer not to say

1. 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
* No
* Prefer not to say

**AGE GROUP:**

Which of the following age groups do you belong to?

* <25
* 25-34
* 35-44
* 45-54
* 55-64
* 65+
* Prefer not to say

**RELIGION/BELIEF:**

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

**SEXUAL ORIENTATION:**

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

**SOCIO-ECONOMIC BACKGROUND:**

1. Did you mainly attend a state or fee-paying school between the ages of 11-18?

* UK state school
* UK fee-paying school
* Schooled outside UK
* Prefer not to say

1. 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
* Prefer not to say

1. Do you have primary care responsibilities for any other person (e.g. an elderly or disabled person)?

* Yes
* No
* Prefer not to say

**Thank you for taking the time to complete this questionnaire.**