**Pupillage Applications “Bootcamp” Application Form**

**Deadline: 13th December 2023**

NOTE: Please complete this application form electronically and return the form via email to

danielle.metters@devonchambers.co.uk

1. **PERSONAL DETAILS :**

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| **Forename (s)****(please indicate by which name you are known and any pronouns by which you prefer to be known)** |  |
| **Surname** |  |
| **Email address** |  |
| **Mobile Telephone Number** |  |

**2. EDUCATION:**

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| **BAR VOCATIONAL COURSE / BAR PROFESSIONAL TRAINING COURSE/ BAR TRAINING COURSE: (please add ‘X’ to the appropriate box)** |
| **Have you completed the BVC/BPTC/BTC/equivalent?** | **Yes:** |  | **No:** |  |
| **If yes, when did you complete the course?** |  |
| **If no, when will you complete the course?** |  |
| **Result/Predicted result (please detail any results, for example, mock exams, you have received to date)** |  |

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| **DEGREE :** |
| **Course** | **Institution**  | **Result** | **Dates** |
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| **PLEASE PROVIDE DETAILS OF ANY POSTGRADUATE QUALIFICATIONS i.e. PhD, Masters, GDL :** |
| **Qualification** | **Institution** | **Result** | **Dates** |
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| **OTHER DEGREE(s) :**  |
| **Course** | **Institution** | **Result** | **Dates** |
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| **A / AS LEVEL QUALIFICATIONS (or the equivalent) :** |
| **Institution** | **Subject**  | **Grade** | **Dates** |
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| **GCSE QUALIFICATIONS (or the equivalent) :** |
| **School** | **Subject** | **Grade** | **Dates** |
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| **PLEASE PROVIDE DETAILS OF ANY OTHER QUALIFICATIONS (include within this section details of languages spoken, for example):** |
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| **PLEASE OUTLINE ANY OTHER INFORMATION YOU WOULD LIKE CHAMBERS TO CONSIDER, INCLUDING ANY EXTENUATING CIRCUMSTANCES, WHEN ASSESSING YOUR QUALIFICATIONS**  |
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**3. APPLICATION QUESTION:**

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| **WHY DO YOU WANT TO BE A BARRISTER? (max. 250 words)** |
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**4. BOOTCAMP ELLIGIBILITY**

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| [ ] I have read the below criteria and confirm that at least one applies to myself:I am from an ethnic minority backgroundI am a refugeeI spent more than 3 months in local authority careI have a disability or a long term health conditionI identify as being a part of the LGBTQ+ communityI attended state school or non-selective comprehensive school and I am in the first generation within my family to attend UniversityI was permanently excluded from a school before completing secondary schoolI was eligible for free school meals during school and attended a state school or non-selective comprehensive school |

**5. DECLARATION**

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| The contents of this application are true and complete to the best of my knowledge and belief: **Signed:** **Dated:** (as you are returning your form via email please note that a signature is not required but by submitting the form you are taken to have made this declaration) |