

**Mini Pupillage Application Form**

**Deadline for Application: 4pm on 28th February 2025**

Devon Chambers offers mini-pupillages which last 5 consecutive days and take place during the months of May, June, July, August and September.

NOTE: Please complete this application form electronically and return the form via email to mini.pupillage@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** |  |
| **Address**  |  |
| **Email address** |  |
| **Telephone Number**  |  |
| **Emergency contact name and number** |  |

**2. EDUCATION:**

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| **Please provide details of any educational qualifications you have achieved to date, including any current courses and predicted grades (if known).** **Please specify if a grade is predicted. You may add additional boxes as appropriate.** |
| **GCSEs or equivalent** |
| **Subject** | **Grade** | **Dates** |
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| **A Levels or equivalent**  |
| **Subject** | **Grade**  | **Dates**  |
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| **Undergraduate Degree(s)** |
| **Subject** | **Grade** | **Dates** |
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| **Postgraduate Degree(s) (including GDL and Masters)** |
|  **Subject** | **Grade**  | **Dates**  |
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| **Bar Practice Course (previously BPTC/BVC)** |
| **Grade**  | **Dates** |
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| **PLEASE PROVIDE DETAILS OF ANY OTHER SCHOLARSHIPS, AWARDS AND PRIZES (Max. 150 words)** |
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| **OTHER RELEVANT EXPERIENCE (including work experience, mooting, public speaking, positions of responsibility etc) (Max. 150 words)** |
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| **PLEASE OUTLINE ANY OTHER INFORMATION YOU WOULD LIKE CHAMBERS TO CONSIDER, INCLUDING ANY EXTENUATING CIRCUMSTANCES, WHEN ASSESSING YOUR QUALIFICATIONS** **(Max. 150 words)** |
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**3. APPLICATION QUESTIONS:**

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| 1. **WHY ARE YOU INTERSTED IN A CAREER AT THE BAR?**

**(max. 250 words)** |
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| 1. **WHAT AREA OF LAW ARE YOU INTERSTED IN AND WHY?**

**(max. 150 words)** |
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| 1. **WHAT ARE YOUR REASONS FOR APPLYING TO DEVON CHAMBERS? (max. 150 words)**
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**4. FINANCIALLY SUPPORTED MINI PUPILLAGE**

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| [ ]  I have read the Financially Supported Mini Pupillages Policy and would like to apply. I confirm that I meet the eligibility criteria.[ ]  I do not meet the eligibility criteria.  |

**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: (If returning this application form via email, an electronic signature will suffice.)  |

PLEASE RETURN THIS FORM TOGETHER WITH YOUR COMPLETED EQUALITY AND DIVERSITY FORM.