

**APPLICATION FORM FOR MINI-PUPILLAGE**

This form must be filled in and returned **by email (ebrowne@keatingchambers.com), post or by hand** to Elaine Browne, Keating Chambers, 15 Essex St, London, WC2R 3AA.

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| **Personal Details** | |
| Name: |  |
| Correspondence address: |  |
| Email address: |  |
| Telephone numbers:  Home: |  |
| Work: |  |
| Mobile: |  |

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| **School Education** | |
| School(s): | Please provide full details of GCSE, AS and A Levels (or equivalent) taken, with grades achieved and dates that grades were awarded. |
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| **Higher Education** |  |
| Institution: |  |
| Qualification: |  |
| Subject: |  |
| Grades awarded/expected: |  |
| Start Date: |  |
| Date Awarded: |  |

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| **Legal Education** |  |
| **PGDL/CPE** |  |
| Institution: |  |
| Qualification: |  |
| Subject: |  |
| Grades awarded/expected: |  |
| Start Date: |  |
| Date awarded: |  |
| **BVC** |  |
| Institution: |  |
| Qualification: |  |
| Subject: |  |
| Grades awarded/expected: |  |
| Start Date: |  |
| Date Awarded: |  |

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| **Relevant career history and/or experience** | | | |
| **Dates:** | **Employer:** | **Position:** | **Summary:** |
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**Mini-Pupillage Questionnaire**

**Please explain why you believe you will make a good barrister, and what experience you have so far that leads you to that view (max 150 words)**

**Why are you interested in a mini-pupillage at Keating Chambers? (max 150 words)**

**We recommend that mini-pupillage should not be undertaken before the commencement of the second year of your law degree (or commencement of the law conversion course). If you are applying to undertake your mini-pupillage earlier than this, please identify any special circumstances that you believe make this appropriate (max 150 words)**

**Timetabling**

Mini-pupillages at Keating Chambers last three days. Whilst mini-pupillages take place throughout the year, the expectation is that they will take place during the legal terms (for dates visit <http://www.judiciary.gov.uk/about-the-judiciary/the-judiciary-in-detail/term-dates-and-sittings/term-dates>). This is to maximise your chances of seeing a wide range of our work.

Please indicate below any dates when you will not be available. If your application is successful we will allocate a three day period.

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**Equality and Diversity**

Please complete the detachable monitoring form which follows. This form will be detached by a person who is not involved in the selection process before your application is considered, and will be used solely for monitoring purposes.

**Questions**

If you have any questions about mini-pupillage, please contact Elaine Browne at Keating Chambers on 0207 544 2600.

**THANK YOU FOR YOUR INTEREST IN KEATING CHAMBERS**

**15 ESSEX STREET, LONDON, WC2R 3AA • LDE: 1045**

**TEL: +44 (0)20 7544 2600 • FAX: + 44 (0)20 7544 2700**

**EMAIL: ebrowne@keatingchambers.com •** [**www.keatingchambers.com**](http://www.keatingchambers.com)

**Mini-Pupillage Recruitment Monitoring Form**

**Strictly Private & Confidential**

Keating Chambers wishes to ensure that we are able to recruit, develop and retain the most talented barristers, pupils and staff to our chambers. We value the diversity of backgrounds, skills and experiences found in our chambers, and actively promote an inclusive culture where all our members and staff are able to flourish.

As part of meeting our commitments to equality and diversity, our chambers collects and analyses statistical information on all those that apply for mini-pupillages here. This enables us to ensure that we continue to attract and select our mini-pupils solely on the basis of talent and their potential to succeed.

The information that you are asked to provide in the section below will be treated in the strictest confidence. The information requested covers those areas covered by the Equality and Diversity Code for the Bar and equalities legislation. It will be held confidentially by the Keating Chambers Equalities Officer and will be used solely for statistical monitoring purposes. You are not obliged to provide this information but in doing so you will help us to ensure that our recruitment is fair and objective for all.

**Section 1: Sex**

Please tick a box below to indicate whether you are:

Male [ ]

Female [ ]

**Section 2: Ethnic Group**

What is your ethnic group? Choose ONE section from A to E, then tick the appropriate box to indicate your ethnic group.

**A White** [ ]

White British [ ]

White Irish [ ]

Any other White Background [ ]

(Please state other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B Mixed** [ ]

White & Black African [ ]

White & Black Caribbean [ ]

White & Asian [ ]

Any other Mixed background [ ]

(Please state other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C Asian or Asian British** [ ]

Asian Indian [ ]

Asian Pakistani [ ]

Asian Bangladeshi [ ]

Any other Asian background [ ]

(Please state other)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D Black or Black British** [ ]

Black African [ ]

Black Caribbean [ ]

Any other Black background [ ]

(Please state other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E Chinese or Other Ethnic Group** [ ]

Chinese [ ]

Any other ethnic group [ ]

(Please state other)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3: Disability**

Do you consider yourself to have a disability?

(The Equality Act 2010 defines a person as having a disability if he or she has a physical or mental impairment, which has a substantial long term, adverse effect on his or her ability to carry out normal day-to-day activities. “Long term” means that the impairment is likely to or has lasted for 12 months or more).

Yes [ ]

No [ ]

Please let us know below if you need any reasonable adjustments to the recruitment process. If you wish to discuss any particular requirements or concerns you have related to a disability or medical condition please contact [contact name and telephone]. This information will not be used in the selection process.

Please specify: