**Application for Training Contract for 2022-24**

**PLEASE COMPLETE ALL PARTS OF THIS APPLICATION. CONTINUATION SHEETS WILL NOT BE ACCEPTED.**

When completed, this form should be returned by **30th June 2020** with a covering letter to:

Lindsay Halliwell, Training Associate, Steele Raymond LLP, Richmond Point, 43 Richmond Hill, Bournemouth BH2 6LR or by email to [LindsayHalliwell@steeleraymond.co.uk](mailto:LindsayHalliwell@steeleraymond.co.uk).

**Personal Details**

|  |  |
| --- | --- |
| **First full names** |  |
| **Surname** |  |
| **Title** |  |
| **Phone number(s)** |  |
| **Email address** |  |
| **Contact address** |  |

**GCSE Examinations (or equivalent)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates (MM/YY)** | | **Name of School and Town** | **Subject, grades, month/year taken** |
| **From** | **To** |  |  |
|  |  |

**A-Levels (or equivalent)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates (MM/YY)** | | **Name of School / College and Town** | **Subject, grades etc** |
| **From** | **To** |  |  |
|  |  |

**University / Higher Education (1st Degree)**

|  |  |  |
| --- | --- | --- |
| **University** |  | |
| **Dates of attending** |  | |
| **Degree subject** |  | |
| **Class obtained / expected class** |  | |
| **For each year of your course, please list the subjects you have studied / yet to study and the marks (as percentages) even if they do not count towards your final degree classification** | | |
| **1st Year subjects** | | **Examination results** |
| **2nd Year subjects** | | **Examination results** |
| **3rd Year subjects** | | **Examination results** |
| **4th Year subjects** | | **Examination results** |

**Further Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates (MM/YY)** | | **Name of College / University and Town** | **Subject, grades etc** |
| **From** | **To** |  |  |
|  |  |

**Law Society Examinations**

|  |
| --- |
| **Graduate Diploma in Law** – please state the dates of the GDL Course, where it was undertaken and your exam results (e.g. pass, commendation or distinction) or please state if you are ‘exempt’. If the GDL remains to be taken, when do you intend to start it and where? |
| **Legal Practice Course** – please state the dates of the LPC Course, where it was undertaken and your exam results (e.g. pass, commendation or distinction). If the LPC remains to be taken, when do you intend to start it and where? |
| **Post LPC Plans** – if you will have a year or more between completion of the LPC and the commencement of your training contract, what are your plans? |

**Gap Year(s)**

If you have taken a gap year, please provide details below

|  |  |
| --- | --- |
| **Dates** | **Activities** |
|  |  |

**Activities, Positions of Responsibility & Involvement in your Community / Charity Work**

|  |
| --- |
| **Hobbies and interests / membership of clubs** |
| **Positions of responsibility** |
| **Involvement in the community / charity work** |

**Work Experience**

Please confirm details of your work experience in chronological order, with the most recent first

|  |  |  |
| --- | --- | --- |
| **Law related work experience** | | |
| **Dates of work** | **Name of practice and location** | **Experience gained** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Other work experience** | | |
| **Dates of work** | **Nature of business and location** | **Experience gained** |
|  |  |  |

**You and your future**

By reference to the following headings, please give us some information about you. Each section should be answered in 50-100 words

|  |
| --- |
| **Personality** |
| **Aims / ambitions** |
| **Greatest achievements / personal success** |
| **Challenges / interesting experiences** |
| **Why do you want to pursue a career in law?** |
| **Why have you chosen Steele Raymond LLP?** |

**Additional Information**

|  |  |
| --- | --- |
| **Do you need a work permit?** |  |
| **If so, do you have one?** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please grade your knowledge (if any) of foreign languages (excluding English) as ‘fluent’, ‘fair’ or ‘slight’** | **Reading** | **Written** | **Oral** |
| **Language 1:** |  |  |  |
| **Language 2:** |  |  |  |
| **Language 3:** |  |  |  |

**Marketing**

|  |  |
| --- | --- |
| **How did you hear about the Steele Raymond Training Programme?** |  |

**References**

Please provide us with the name, address and phone number of two referees, one of whom should be an academic reference

|  |  |  |
| --- | --- | --- |
| **Title and full name** |  | **Title and full name** |
| **Organisation (if applicable)** | **Organisation (if applicable** |
| **Address** | **Address** |
| **Telephone** | **Telephone** |

**Declaration**

To the best of my knowledge, I confirm that the information I have provided in this form is true and accurate. I understand that if I am offered a training contract I could be dismissed if I have knowingly provided information that is false. I also confirm that I have never been convicted of any criminal offence (excluding minor road traffic offences not involving a custodial or suspended sentence), or received a caution for any criminal offence

|  |  |
| --- | --- |
| **Signed** | **Date** |

**Rehabilitation of Offenders Act 1974**

This job is exempt for the purposes of the Rehabilitation of Offenders Act 1974 (As amended).

**Data Protection**

Steele Raymond LLP will process the information that you provide in accordance with the GDPR / Data Protection 2018 regulations. We will process this data for the purposes of this (or any future) application and, if your application is successful, your future employment with us. Your application will be stored in a confidential environment under GDPR guidelines for legitimate business reasons for a period of 2 years

**Equal Opportunities**

Our policy is to employ the best people and equal opportunity for the advancement of employees. We do not discriminate against any individual on account of their religious beliefs, race, colour, age, sex, sexual orientation, marital status or disability.

**PLEASE NOTE THAT THIS SECTION OF THE FORM IS OPTIONAL. YOU ARE NOT OBLIGED TO COMPLETE THIS. ALL INFORMATION PROVIDED WILL BE USED SOLELY FOR MONITORING PURPOSES**

**1. What is your Country of birth?** Please √ as appropriate

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **England** |  | **Scotland** |  | **Wales** |  | **Northern** **Ireland** |  | **Republic of Ireland** |  |
| **Other** (please write in the name of the Country) | | | | |  | | | | |

**2. What is your Ethnic Group?** Choose one section from A to E then √ the appropriate box

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A. White** | British |  | Irish |  | Any other white background  (please write in) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **B. Mixed** | White and Black Caribbean |  | White and Black African |  |
|  | White and Asian |  | Any other Mixed background  (please write in) | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C. Asian or Asian British** | Indian |  | Pakistani |  |
|  | Bangladeshi |  | Any other Asian background  (please write in) | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **D. Black or Black British** | Caribbean |  | African |  |
|  | Any other Black background (please write in) | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **E. Chinese or other ethnic group** | Chinese |  | Any other (please write in) |

**3. What is your religion?** Please √ as appropriate

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| None |  | Christian (including CofE, Catholic, Protestant and all other Christian denominations) | | |  |
| Buddhist |  | Hindu |  | Jewish |  |
| Muslim |  | Sikh |  | Any other religion (please write in) | |

**4. Sexual orientation?** Which of the best describes you?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Heterosexual |  | Gay or lesbian or homosexual |  | Bisexual |  | Other |  |

**5. Age group?** Please √ as appropriate

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 16-20 |  | 21-30 |  | 31-40 |  | 41-50 |  | 51-60 |  | 60+ |  |

**6. Disability?** Do you have any health problems or disabilities that you expect will last for more than a year? Please √ as appropriate

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |