ESTABLISHED PRACTITIONER’S APPLICATION FORM

*CONFIDENTIAL*

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| --- |
| **PERSONAL DETAILS** |
| Full Name: (please use block letters)  Mr/Mrs/Miss/Ms (please delete as applicable) |
| Address: (Home) (Correspondence)  Tel: Tel: |
| Email address: mobile: |
| **EDUCATION AND QUALIFICATIONS** | |
| Please give details of undergraduate/postgraduate/professional qualifications. | |
| Other qualifications, membership of professional bodies, awards, scholarships held, etc. | |
| Called to the Bar: (1) Date of call  (2) Inn of Court | |

|  |
| --- |
| **CAREER HISTORY/PRACTICE**  (please enter on a separate sheet if necessary) |
| 1. To the extent that these are not readily ascertainable from your existing Chambers’ website CV, please give details of your current practice. |
| 2. Please give details of previous career history (if applicable) including details of any previous Chambers with dates. |
| 3. Please give details of your aspirations for future practice. |
| 4. Experience/relevant skills/further information  (please provide details of any relevant experience or achievements legal or otherwise which you wish to bring to our attention)  (please continue on a separate sheet if necessary) |
| 5. Why have you applied to Littleton? |
| 6. Any other information  Please include any other information which you want us to consider. |
| **REFERENCES**  (which will only be taken up upon a provisional decision by the Business Development Committee to recommend you for tenancy at Littleton)   |  |  |  | | --- | --- | --- | | 1. | 2. | 3. | | Name:  Address:  Telephone No:  email: | Name:  Address:  Telephone No:  email: | Name:  Address:  Telephone No:  email: | |
| **I confirm the contents of this form and wish to apply for tenancy at Littleton. I include with this application copies of my last three submitted BMIF returns.**  Signed : .............................................. Dated: ........................ |

EQUALITY & DIVERSITY MONITORING FORM

Littleton 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 Littleton, and actively promote an inclusive culture where all our members, pupils and staff are able to flourish.

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

The information that you are asked to provide in the sections below will be treated in the strictest confidence. The information requested covers those areas covered by the Equality & Diversity Code for the Bar and equalities legislation. It will be held confidentially by the Administration Director 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 ensure that our recruitment is fair and objective for all.

Please answer each question in turn by choosing one option only, unless otherwise indicated. If you do not wish to answer the questions please choose the option “Prefer not to say” rather than leaving the question blank.

1. **AGE**

From the list of age bands below, please indicate the category that includes your current age in years:

|  |  |
| --- | --- |
| 16-24 |  |
| 25-34 |  |
| 35-44 |  |
| 45-54 |  |
| 55-64 |  |
| 65+ |  |
| Prefer not to say |  |

1. **GENDER**

What is your gender?

|  |  |
| --- | --- |
| Male |  |
| Female |  |
| Prefer not to say |  |

1. **DISABILITY**

The Equality Act 2010 generally defines a disabled person as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person’s ability to carry out normal day-to-day activities.

1. Do you consider yourself to have a disability according to the definition in the Equality Act?

|  |  |
| --- | --- |
| 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 |  |

1. **ETHNIC GROUP**

What is your ethnic group?

**Asian/Asian British**

|  |  |
| --- | --- |
| Bangladeshi |  |
| Chinese |  |
| Indian |  |
| Pakistani |  |
| Any other Asian background (provide details) |  |

**Black/African/Caribbean/Black British**

|  |  |
| --- | --- |
| African |  |
| Caribbean |  |
| Any other Black/African/Caribbean/Black British (provide details) |  |

**White**

|  |  |
| --- | --- |
| British/English/Welsh/Northern Irish/Scottish |  |
| Irish |  |
| Gypsy or Irish Traveller |  |
| Any other White background (provide details) |  |

**Other ethnic group**

|  |  |
| --- | --- |
| Arab |  |
| Any other ethnic group (provide details) |  |

**Prefer not to say**

|  |  |
| --- | --- |
| Prefer not to say |  |

1. **SOCIO-ECONOMIC BACKGROUND**
2. 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 |  |
| Did not attend University |  |
| Prefer not to say |  |

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

|  |  |
| --- | --- |
| UK State School |  |
| UK Independent/Fee paying School |  |
| Attended school outside the UK |  |
| Prefer not to say |  |

1. **CARING RESPONSIBILITIES**
2. Are you a primary carer for a child or children under 18?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

1. Do you look after, or give any help or support to family members, friends, neighbours or others because of either:
   * Long term physical or mental ill health/disability
   * Problems related to old age?

|  |  |
| --- | --- |
| No |  |
| Yes, 1-9 hours a week |  |
| Yes, 20-49 hours a week |  |
| Yes, 50 or more hours a week |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| Please return this form together with:   1. your application form; and 2. the requested copies of your BMIF returns,(marked **“Private and Confidential”),** to: | |
| **Liz Dux, Chambers Director**  Littleton Chambers  3 King’s Bench Walk North  Temple  London  EC4Y 7HR  Or by email to [ldux@littletonchambers.co.uk](mailto:ldux@littletonchambers.co.uk) |