



THE INNS OF COURT ADVOCACY TRAINING AWARD

The South Eastern Circuit Bar Mess Foundation Advanced International Advocacy Course 2016 Keble College, Oxford

- This application form is to be used in order to apply for an award of a maximum of £1,100 from one of the four Inns of Court (to which the applicant is a member in good standing) toward the cost of the Advanced Advocacy Course at Keble College, Oxford from Monday 28 August – Saturday 3 September 2016.
- The Inns encourage applications from those in practice / employment, undertaking publicly funded work in whole or in substantial part.
- Applicants must:
 - have membership in good standing of either Lincoln's Inn, Middle Temple, Inner Temple or Gray's Inn;
 - currently practise as Barristers and hold current practising certificates;
 - have practised for at least three full years (not including pupillage) and no more than seven and
 - have successfully completed the compulsory New Practitioners advocacy course with one of the four Inns or on Circuit.
- Applications will **not** be accepted from pupils or those in practice for less than three full years ("new practitioners").
- Completed applications must be submitted directly to:

**The South Eastern Circuit,
Suite 23
30 St Dunstan's St
Canterbury
Kent
CT2 8HG**

or by email (scanned copy of the signed original) to: aaron.dolan@southeastcircuit.org.uk
- CLOSING DATE FOR APPLICATIONS: **FRIDAY 15 JULY 2016 (EXTENTION)**

ALL INFORMATION PROVIDED WILL BE TREATED IN THE STRICTEST CONFIDENCE.

Surname	First Name(s)	Title

Professional address	Professional tel.
	Email
	Mobile
Tenancy / Employment start date	

I am a member in good standing of: <input type="checkbox"/> Lincoln's Inn <input type="checkbox"/> Gray's Inn <input type="checkbox"/> Inner Temple <input type="checkbox"/> Middle Temple	Year of Admission <input type="text"/> Year of Call <input type="text"/>
I am an ad eundem member of: <input type="checkbox"/> Lincoln's Inn <input type="checkbox"/> Gray's Inn <input type="checkbox"/> Inner Temple <input type="checkbox"/> Middle Temple	Date of ad eundem membership: <input type="text"/>
I successfully completed my pupillage at:	Month and year of completion of pupillage: <input type="text"/>
I successfully completed my compulsory New Practitioner course with: <input type="checkbox"/> Lincoln's Inn <input type="checkbox"/> Gray's Inn <input type="checkbox"/> Inner Temple <input type="checkbox"/> Middle Temple <input type="checkbox"/> on Circuit in	Date of completion of compulsory NP course: <input type="text"/>
Other advocacy and/or ethics courses attended (excluding the compulsory pupil course, the compulsory NP advocacy course (set out above) and in-house/chambers training).	

Are you a member of any of the circuits? If so, please specify.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Chambers / Employer details
Number of practitioners in your chambers / organisation <input type="text"/>
Does your chambers / employer provide any in-house training for advocacy / presentation skills or ethics? If so, please provide details.
Have you undertaken this training? If not, please explain why.

Please state why you feel you should obtain an award and how you will benefit from the course. (in no more than 100 words)
<input type="text"/>
Please provide any further information which you feel may be relevant to the decision to grant you an award, e.g. your total debt, excluding mortgage. (in no more than 100 words)
<input type="text"/>

Practice details
What areas of your practice are remunerated from public funds?
What percentage of your time do you spend appearing in court or other tribunal when undertaking publicly funded work?
Percentage of earnings from publicly funded work

Financial details	
Does your chambers / employer contribute toward the cost of attending Keble or provide any form of financial assistance including loans? If so, please provide details including amounts.	
Approximate earnings / salary (after deduction of tax detectable expenses) for the last two financial years	2014 – 2015: 2015 – 2016:
Do you receive any other source of income? If so, please provide details including amounts.	

Referee name & contact details	Please provide details of a professional referee who may be contacted for a reference as part of this application process. This should be your Head of Chambers/ Organisation or Head of Publicly Funded Work at your chambers/organisation. Please include address, telephone number and professional email address.
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I declare that the above particulars are true to the best of my knowledge and belief. Placing my signature below confirms the truth of this statement.	
Signature	Date

APPLICATION

Must be received by **Friday 15 July 2016** at:

**The South Eastern Circuit,
Suite 23
30 St Dunstan's St
Canterbury
Kent
CT2 8HG**

or by email (scanned copy of the signed original) to: aaron.dolan@southeastcircuit.org.uk

Inns' Equal Opportunities Questionnaire

Please complete and return with your application form.

The ethnic origin categories are those used in the 2011 census and are recommended by the Bar Council. The information collected will be treated as confidential. Your name is not required when completing this form. The information will be used to compile statistical analyses and reports and will not be released to anyone in a way which might identify any individual. The data collected will not be used in any selection process and is kept only for monitoring purposes.

1. What is your ethnic group?

Choose one section from (a) to (e) and then place a tick in the appropriate square box to indicate your cultural background.

- (a) **White** *for office use*
- | | | |
|--|--------------------------|------|
| British / English / Welsh / Northern Irish / Scottish | <input type="checkbox"/> | [01] |
| Irish | <input type="checkbox"/> | [02] |
| Gypsy or Irish Traveller | <input type="checkbox"/> | [03] |
| Any other white background – <i>please specify</i> _____ | <input type="checkbox"/> | [04] |
- (b) **Mixed**
- | | | |
|--|--------------------------|------|
| White and Black Caribbean | <input type="checkbox"/> | [05] |
| White and Black African | <input type="checkbox"/> | [06] |
| White and Asian | <input type="checkbox"/> | [07] |
| Any other mixed / multiple ethnic background – <i>please specify</i> _____ | <input type="checkbox"/> | [08] |
- (c) **Asian or Asian British**
- | | | |
|--|--------------------------|------|
| Indian | <input type="checkbox"/> | [09] |
| Pakistani | <input type="checkbox"/> | [10] |
| Bangladeshi | <input type="checkbox"/> | [11] |
| Chinese | <input type="checkbox"/> | [12] |
| Any other Asian background – <i>please specify</i> _____ | <input type="checkbox"/> | [13] |
- (d) **Black or Black British**
- | | | |
|--|--------------------------|------|
| African | <input type="checkbox"/> | [14] |
| Caribbean | <input type="checkbox"/> | [15] |
| Any other Black / African / Caribbean background – <i>please specify</i> _____ | <input type="checkbox"/> | [16] |
- (e) **Other ethnic group**
- | | | |
|---|--------------------------|------|
| Arab | <input type="checkbox"/> | [17] |
| Any other – <i>please specify</i> _____ | <input type="checkbox"/> | [18] |
- (f) **Unwilling to supply information** [19]

2. Please indicate your gender: **Male** **Female**

3. Do you consider yourself to have a disability? **YES** **NO**

Date: _____