**PARKLANE PLOWDEN MINI-PUPILLAGE APPLICATION (EQUALITY SCHEME – SOCIAL MOBILITY SCHEME)**

Please complete all sections of this application and email it to [minipupillage@parklaneplowden.co.uk](mailto:minipupillage@parklaneplowden.co.uk) with “Equality Mini-Pupillage Application” as the subject. The deadline is 5pm on Friday 3rd January 2025. Applications received after the deadline will not be considered. By emailing the form to us, you confirm that the information contained within it is true.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **PERSONAL DETAILS** | | | | | | | |
| Name: | | | Preferred name: | | | | |
| Email address: | | | Mobile number: | | | | |
| Address: | | | | | | | |
| Contact in case of emergency (name and telephone number): | | | | | | | |
| Year of call (if applicable): | | | | | | | |
| 1. **EQUALITY SCHEME**   Please confirm that you fulfil the following criteria: | | | | | | | |
| You attended a state secondary school and fulfil one or more of the following criteria:   1. Your household income is less than £25,000; 2. Anyone in your immediate family has at any point received state benefits; 3. You have been eligible at any point for free school meals; 4. You have been in care and/or are a carer; 5. You have refugee or asylum status. | | | | | | YES / NO | |
| 1. **EDUCATION**   If you are in the process of obtaining a qualification, please fill in as many details as possible, including predicted grades and anticipated completion date. | | | | | | | |
| QUALIFICATION (please include the institution/course provider and date of qualification) | | | | SUBJECT(S) | | | GRADE(S) |
| BPTC | | | |  | | |  |
| Higher education – first degree | | | |  | | |  |
| Higher education – post-graduate degrees | | | |  | | |  |
| A-levels | | | |  | | |  |
| Extenuating circumstances (if relevant): | | | | | |  | |
| Scholarships or awards: | | | | | |  | |
| 1. **WORK EXPERIENCE**   Please include details of any paid or unpaid work including legal experience (such as mini-pupillage or marshalling) | | | | | | | |
| Date | Organisation | | Position | | Experience | | |
|  |  | |  | |  | | |
| 1. **ADVOCACY EXPERIENCE**   Please include details of oral or written advocacy experience including debating, mooting, essay competitions, and include details of any prizes. | | | | | | | |
| Date | | Type | | | | Details | |
|  | |  | | | |  | |
| 1. **APPLICATION** | | | | | | | |
| Why do you want to undertake a mini-pupillage at Parklane Plowden?  (maximum 250 words) | | | | | | | |
| Have you applied for a mini-pupillage with Parklane Plowden before? | | | | | | YES / NO | |
| If yes, were you successful? | | | | | | YES / NO | |
| If yes, when did the mini-pupillage take place? | | | | | |  | |
| What is your preferred area of law? (please delete as appropriate and feel free to select several from the list) | | | | | | Personal injury and clinical negligence  Employment  Family  Court of protection  Commercial and chancery | |
| What is your preferred location? | | | | | | Leeds or Newcastle | |
| Dates or days to avoid (e.g. exam season) | | | | | |  | |

**PARKLANE PLOWDEN CHAMBERS EQUAL OPPORTUNITIES MONITORING FORM**

|  |  |
| --- | --- |
| **EQUAL OPPORTUNITIES MONITORING FORM**  Please note that this form will not be considered by anyone filtering you application for mini-pupillage. The information contained within it will be used solely for monitoring and data collection purposes.  If you do not complete any of the sections, we shall assume you prefer not to say. | |
| 1. **AGE**   Please select the category that includes your current age by marking with an “X”: | |
| 16 – 24 |  |
| 25 – 34 |  |
| 35 - 44 |  |
| 45 -54 |  |
| 55 - 64 |  |
| 65+ |  |
| 1. **GENDER**   What is your gender? Please fill out with an “X”: | |
| Male |  |
| Female |  |
| 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. | |
| Do you consider yourself to have a disability according to the definition in the Equality Act? | YES / NO |
| 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? (mark with an “X”) | |
| Yes, limited a lot |  |
| Yes, limited a little |  |
| No |  |
| 1. **ETHNIC GROUP**   What is your ethnic group? (please mark with an “X”) | |
| Asian / Asian British | |
| Bangladeshi |  |
| Chinese |  |
| Indian |  |
| Pakistani |  |
| Other Asian / Asian British |  |
| Black / African / Caribbean / Black British | |
| African |  |
| Caribbean |  |
| Other Black / Black British |  |
| White | |
| British / English / Scottish / Northern Irish / Welsh |  |
| Irish |  |
| Gypsy or Irish Traveller |  |
| Other White |  |
| Mixed / multiple ethnic groups | |
| White and Asian |  |
| White and Black African |  |
| White and Black Caribbean |  |
| White and Chinese |  |
| Other mixed background |  |
| Other ethnic group (please state) |  |
| 1. **SEXUAL ORIENTATION**   What is your sexual orientation? (mark with an “X”) | |
| Bisexual |  |
| Gay man |  |
| Lesbian |  |
| Heterosexual / straight |  |
| Other |  |
| 1. **RELIGION OR BELIEF**   What is your religion or belief? (please mark with an “X”) | |
| Christian |  |
| Jewish |  |
| Hindu |  |
| Sikh |  |
| Muslim |  |
| Buddhist |  |
| No religion or belief |  |
| Other religion or belief (please state) |  |
| 1. **SOCIO-ECONOMIC BACKGROUND** | |
| If you went to university, were you part of the first generation of your family to do so? | YES / NO |
| Did you mainly attend a state or fee paying school between the ages 11 – 18? | STATE SCHOOL / FEE PAYING SCHOOL |