



## THE INNS OF COURT ADVOCACY TRAINING AWARD

South Eastern Circuit Bar Mess Foundation  
2015 Residential Advocacy Course  
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 31 August – Saturday 5 September 2015.

[www.southeastcircuit.org.uk/education/keble-course](http://www.southeastcircuit.org.uk/education/keble-course)

- 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 **Aaron J Dolan, The South Eastern Circuit, Suite 23, 30 St Dunstan's Street, Canterbury, Kent CT2 8HG** or by email (scanned copy of the signed original) to: [admin@southeastcircuit.org.uk](mailto:admin@southeastcircuit.org.uk)
- CLOSING DATE FOR APPLICATIONS: **FRIDAY, 29 MAY 2015.**

**ALL INFORMATION PROVIDED WILL BE TREATED IN THE STRICTEST CONFIDENCE.**

<b>Surname</b>	<b>First Name(s)</b>	<b>Title</b>
<b>Professional address</b>	<b>Professional tel.</b>	
	<b>Email</b>	
	<b>Mobile</b>	
<b>Tenancy / Employment start date</b>		
<b>I am a member in good standing of:</b> <input type="checkbox"/> Lincoln's Inn <input type="checkbox"/> Gray's Inn <input type="checkbox"/> Inner Temple <input type="checkbox"/> Middle Temple		<b>Year of Admission</b> <input type="text"/> <b>Year of Call</b> <input type="text"/>

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

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

<b>Please state why you feel you should obtain an award and how you will benefit from the course.</b> (in no more than 100 words)
<b>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.</b> (in no more than 100 words)

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

<b>Financial details</b>	
<b>Does your chambers / employer contribute toward the cost of attending Keble or provide any form of financial assistance including loans?</b> If so, please provide details including amounts.	
<b>Approximate earnings / salary (after deduction of tax detectable expenses) for the last two financial years</b>	<b>2013 – 2014:</b>  <b>2014 – 2015:</b>
<b>Do you receive any other source of income?</b> If so, please provide details including amounts.	

<b>Referee name &amp; contact details</b>	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.

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.	
<b>Signature</b>	<b>Date</b>

## APPLICATION

Must be received by **29 May 2015** at:

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

or **by email** (a scanned copy of the signed original) to  
[admin@southeastcircuit.org.uk](mailto:admin@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: \_\_\_\_\_