

Work Based Learning Application Form

Please complete in block capitals in black ink (handwriting), or type using upper and lower cases.

1. Personal Information

Name: _____ CILEx membership number:

Job title/position: _____

Do you consent to IPS using anonymised extracts from your portfolio and logbook as examples for the purpose of providing guidance to prospective applicants?

Yes No

2. Employment

Please provide information about your qualifying employment starting with the most recent – you should include information covering the past 3 years at least. Please continue on a separate sheet if necessary.

Name of Employer _____

Address _____

Job title and nature of duties _____

Hours worked per week _____

Hours wholly of legal nature per week _____

Supervisor's legal name, qualification and job title/position _____

Dates of Employment From _____ To _____

Name of Employer _____

Address _____

Job title and nature of duties _____

Hours worked per week _____

Hours wholly of legal nature per week _____

Supervisor's legal name, qualification and job title/position _____

Dates of Employment From _____ To _____

2. Employment (continued)

Name of Employer _____

Address _____

Job title and nature of duties _____

Hours worked per week _____

Hours wholly of legal nature per week _____

Supervisor's legal name, qualification and job title/position _____

Dates of Employment From _____ To _____

3. General Information

AREA OF PRACTICE Tick the boxes below to indicate which area of legal practice you undertake at present.

Civil litigation	Personal injury <input type="checkbox"/>	Debt recovery <input type="checkbox"/>	Housing <input type="checkbox"/>	Employment <input type="checkbox"/>	General litigation <input type="checkbox"/>
Criminal litigation	Defence <input type="checkbox"/>	Prosecution <input type="checkbox"/>			
Family law	Family <input type="checkbox"/>				
Conveyancing	Conveyancing <input type="checkbox"/>				
Public law work	Local authority <input type="checkbox"/>	Government <input type="checkbox"/>	Welfare benefits <input type="checkbox"/>	Immigration <input type="checkbox"/>	
Private client	Finance <input type="checkbox"/>	Probate/wills <input type="checkbox"/>			
Corporate	Company <input type="checkbox"/>	Commercial <input type="checkbox"/>			
Legal practice	Practice management <input type="checkbox"/>	Costs / accounts <input type="checkbox"/>			
Non legal	Non legal work <input type="checkbox"/>				
Crown Prosecution Service	Associate Prosecutor <input type="checkbox"/>	Other <input type="checkbox"/>			

TYPE OF PRACTICE Tick the boxes below to indicate which type of legal practice you work in at present.

Solicitors firm 0-20 partners <input type="checkbox"/>	Solicitors firm 20+ partners <input type="checkbox"/>	Licensed conveyancers firm <input type="checkbox"/>	Non-legal organisation <input type="checkbox"/>
Local authority <input type="checkbox"/>	Government department <input type="checkbox"/>	Law Centre/CAB <input type="checkbox"/>	
Commercial company <input type="checkbox"/>	Self employed <input type="checkbox"/>	Other legal organisation <input type="checkbox"/>	

4. Nature of Duties - Tick the boxes to indicate what duties you undertake at present

Fee earner	<input type="checkbox"/>	Legal secretary	<input type="checkbox"/>	Other legal work	<input type="checkbox"/>
Practice management	<input type="checkbox"/>	Legal accounts	<input type="checkbox"/>	Non-legal work	<input type="checkbox"/>

5. Evidencing Eligibility

You must have completed 3 years' qualifying employment to be eligible for admission as a Fellow. In relation to each role you undertook in the last three years you should provide the following information:

An outline of the type of actions and/or transactions you undertook.

An outline of what your typical caseload was in each role.

Outline whether you had to research or refer to substantive law in your daily duties.

Details of the arrangements for supervising and monitoring your work. You should state whether your work was supervised by a legally qualified person.

6. Statement of Progression

You should provide a statement in support of your application which outlines how your career has progressed since you began working in legal practice.

7. Prior Conduct

ANSWER THE FOLLOWING QUESTIONS - If the answer is yes to any of the questions provide details.

1 Has any decision ever been made against you (whether currently under appeal or not) excluding or expelling you from any professional body? Yes No

2 Have any proceedings been taken against you under the Solicitors Act 1974, including under section 43 which provides for control of the employment for solicitors' staff? Yes No

3 Has a declaration of bankruptcy been made against you or have you made any arrangement with your creditors? Yes No

7. Prior Conduct (continued)

4 Are there any outstanding judgments or orders of the court against you? Yes No

5 Has a caution or conviction been recorded against you in the UK or elsewhere (other than a motoring offence not resulting in disqualification)? (This declaration is subject to the provisions of the Rehabilitation of Offenders Act 1974. Fellows are an exempt category under the Act; Fellows and applicants for Fellowship must include details of spent convictions). Yes No

6 Has an order been made against you by the Legal Ombudsman? Yes No

7 Have any clients made a complaint about your work and/or conduct to you or your employer in the last 12 months? (This question is to enable IPS to collect information about the types and numbers of complaints made against CILEx members). Yes No

If the answer to any of the above questions is 'Yes', please give further details below. (If you have answered 'Yes' to question 5 please provide details of the offences and any convictions; a copy of any memorandum of conviction; and confirmation whether you have paid any fine or complied with any other order imposed on you).

8. Payment Method - please tick appropriate box

* to be made payable to the Chartered Institute of Legal Executives

*Personal cheque Invoice Employer *Firm's cheque *Postal order

Credit/charge card (We accept Visa, Mastercard and Switch. Please delete as appropriate)

Name on card _____

Card Number _____ Issue No. _____

Start Date _____ Expiry Date _____ 3 Digit Security No. _____

Signed _____

9. Declaration

DECLARATION

I declare that the information given in this form is correct and request you to issue to me a Chartered Legal Executive Certificate. I understand that once registered as a Fellow of CILEx I shall be bound by the Charter, the bye-laws and all other regulations of CILEx for the time being in force, including the Code of Conduct. I agree that the Chartered Legal Executive Certificate issued to me shall remain the property of the Chartered Institute and undertake to return it to the Chartered Institute if I cease to be a Fellow.

Signed _____ Date _____

Data Protection Act

Data Protection Act: Fellows' names, and those of their employers, will be published in the Directory of Fellows on the CILEx web site and in other directories which provide information about law firms and lawyers. In addition, your year of qualification as a Fellow will be disclosed by CILEx if it receives a request for this information.

Any information you provide to CILEx or IPS will be used by them to consider this application and, generally, to provide you with Membership services; and to enable them to meet their obligations as a professional body and Approved Regulator under the Legal Services Act 2007. The Chartered Institute has a variety of membership benefit products that are sourced from approved suppliers. From time to time they may wish to send you relevant information. If you do not want selected and approved mailings from our suppliers of goods and services please contact CILEx on membership@cilex.org.uk.

10. Work Based Learning Scheme Completion Form

Notice to members: Once you have achieved all the outcomes you will need to ask your current employer to confirm whether you have satisfactorily achieved the outcomes by completing the statement below.

Notice to employers: This section must be completed by a person who has responsibility for the work of the CILEx member. They should be an authorised person*. Where you do not fit into this category, please specify the position that you hold. You are required to certify whether the applicant has met the requirements.

Applicant's Name: _____ CILEx membership number: _____

Name of supervisor _____ Position in firm _____

Status (eg Solicitor/Barrister) _____

During what period has the applicant been in your employment?

In what area or areas of legal practice has the applicant specialised while in your employment?

Has the applicant satisfactorily carried out their duties?

In your opinion has the applicant satisfactorily met the work based learning outcomes?

In your opinion is the applicant a fit and proper person to be admitted as a Fellow?

Statement confirming satisfactory completion of the CILEx work-based learning outcomes:

I am an Authorised person*/ Other (specify) _____ and have responsibility for the work of the above named.

I confirm I have seen the information provided by the applicant in this application for admission as a Fellow and their work based learning record and to the best of my knowledge it is true and they have satisfactorily achieved all the CILEx work-based learning outcomes.

Signed: _____ Date _____

*Authorised person means a person who falls within the definition of section 18 Legal Services Act 2007.

Work Based Learning Application Form

This grid below provides a quick reference as to which outcomes you have achieved and the date when you achieved them. The first column lists the outcomes. Some outcomes must be achieved three times and others once, using evidence gained during the last 2 years' qualifying employment period.

11. Work Based Learning Scheme Outcomes Checklist Grid

OUTCOMES - Grouped by competency	DATE ACHIEVED			PAGE REF.		
Competency 1: Practical application of the laws & legal practice						
1.1 Apply the law to the matter.						
1.2 Apply relevant legal procedure to a matter.						
1.3 Identify and deal with the issues arising in a matter.						
1.4 Undertake legal research.						
Competency 2: Communication skills						
2.1 Communicate legal issues using appropriate methods.						
2.2 Use suitable language in communication.						
2.3 Address all issues in communication.						
2.4 Seek appropriate information through communication.						
2.5 Represent a client through effective communication and other skills.						
Competency 3: Client relations						
3.1 Identify and understand a client's or service user's position.						
3.2 Take accurate instructions on legal matters from clients or service users.						
3.3 Provide clear legal advice to clients or service users.						
3.4 Evaluate the risks, costs and benefits of alternative courses of action.						
3.5 Take action to deal with instructions received.						
3.6 Manage a client's or service user's expectations.						

11. Work Based Learning Scheme Outcomes Checklist Grid (continued)

OUTCOMES - Grouped by competency		DATE ACHIEVED			PAGE REF.		
Competency 4: Management of workload							
4.1	Progress matters expeditiously.						
4.2	Plan your workload to deliver a good legal service to clients or service users.						
4.3	Maintain files and records in accordance with procedures.						
Competency 5: Business awareness							
5.1	Demonstrate an understanding of the business environment of a legal practice or organisation.						
5.2	Evaluate the risks, costs and benefits of alternative courses of action to the business.						
Competency 6: Professional conduct							
6.1	Apply the rules of professional conduct appropriately to relevant situations.						
6.2	Provide appropriate information to clients and service users.						
6.3	Understand the need to avoid discrimination and promote equality and diversity.						
Competency 7: Self awareness and development							
7.1	Evaluate your professional skills and legal knowledge.						
7.2	Understand the limitations of your professional skills and knowledge.						
Competency 8: Working with others							
8.1	Establish effective working relationships with others involved in a legal matter.						
8.2	Demonstrate ability to select and provide appropriate information to others as required by the law.						

12. Work Based Learning Submission Checklist

Please ensure you have completed/enclosed all of the following information in your submission:

Eligibility statement	<input type="checkbox"/>	Outcomes checklist grid	<input type="checkbox"/>	Completion Form	<input type="checkbox"/>
Statement of progression	<input type="checkbox"/>	Personal Information	<input type="checkbox"/>	Employer reference	<input type="checkbox"/>
Portfolio of supporting evidence and logbook sheets for each outcome	<input type="checkbox"/>	General Information	<input type="checkbox"/>	Fee	<input type="checkbox"/>

13. Equality, Diversity and Social Mobility Monitoring Form (optional)

Please describe your gender identity. Please tick the appropriate box.

Male Female Prefer not to say

Is your gender identity the same as the gender you were assigned at birth? Please tick the appropriate box.

Yes No Prefer not to say

Are you currently pregnant or have you had a baby in the past 12 months? Please tick the appropriate box.

Yes No Prefer not to say

How old are you? Please tick the appropriate box.

Under 25 25-34 45-54 45-54 55-64 65+

Do you have a disability? Please tick the appropriate box.

Yes No Prefer not to say

If you have a disability, please tick the appropriate box.

Mental Health	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	Sight Impairment	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Other	<input type="checkbox"/>

13. Equality, Diversity and Social Mobility Monitoring Form (continued)

What is your religion or belief? Please tick the appropriate box.

None	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Any other	_____

How would you describe your ethnic origin? Please tick one box only.

A - White

English	<input type="checkbox"/>	Northern Irish	<input type="checkbox"/>	Gypsy or Traveller	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Other White Background	_____
Scottish	<input type="checkbox"/>				

B) Mixed / Multiple ethnic background

White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>
				Other Mixed / Multiple background	_____

C - Asian or Asian British

Indian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other Asian	_____
Pakistani	<input type="checkbox"/>	Chinese	<input type="checkbox"/>		

D - Black or Black British

Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Other Black Background	_____
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E - Other Ethnic Group

Prefer not to say	<input type="checkbox"/>	Other ethnic group	_____
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13. Equality, Diversity and Social Mobility Monitoring Form (continued)

Which of the following options best describes how you think of yourself? Please tick the appropriate box.

- | | | | |
|---------------------|--------------------------|-------------------------|--------------------------|
| Bisexual | <input type="checkbox"/> | Heterosexual / Straight | <input type="checkbox"/> |
| Gay Man | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Gay Women / Lesbian | <input type="checkbox"/> | Other | _____ |

What is your marital status? Please tick one box only.

- | | | | | | |
|---------|--------------------------|-------------------|--------------------------|-------|-------|
| Married | <input type="checkbox"/> | Civil Partnership | <input type="checkbox"/> | Other | _____ |
| Single | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> | | |