

TRAINING CONTRACT APPLICATION FORM

Personal Details

Title:		Surname:		Forename(s):	
---------------	--	-----------------	--	---------------------	--

Address:			
		Post Code:	

Contact Details

Email Address:	
Telephone	
Home:	
Business:	
Mobile:	
Preferred method of contact:	

Have you previously applied to Gill Turner Tucker for any position? If so, please give details.

--

Do you have any previous links with Gill Turner Tucker? If so, please give details.

--

Secondary Education

List details of GCSE, A/S and A-Level qualifications.

Secondary School(s) / College(s)	Subject	Qualification and Grade	Date

Scholarships, awards or prizes at school

Did you re-sit any of your A-Levels? If so, please give details.

Undergraduate Education			
University attended	From	To	
			Course Title: Type: Grade: Additional information:
Degree Examination Results – please list all examinations taken.			
Subject	% Grade		Date Taken
Year 1			
Year 2			
Year 3			
Year 4 (if applicable)			
Scholarships, awards or prizes at university			

Postgraduate Education			
Postgraduate courses			
Institution	From	To	
			Course Title: Type: Grade: Additional information:

GDL (if applicable)		
College	Level of achievement	Date completed

Legal Practice Course		
College	Marks Awarded	Date completed

What LPC options did you elect to study and why?

Work Experience / Employment		
Dates	Employer(s)	Work undertaken (give a brief description of the tasks you performed and details of responsibilities you were given)

Have you taken a gap year?

If so, when and for what purpose?

Where did you hear about Gill Turner Tucker and why have you chosen to apply for a training contract with us?

How many other applications have you made?

Hobbies and interests

Additional information

Please explain your chosen career path how this application supports your future aspirations.

Please give details of any other noteworthy prizes, achievements, positions of responsibility etc. that will support your application.

Criminal

Have you ever been convicted of any offence in any court of the UK or elsewhere (other than a motoring offence not resulting in disqualification)?

If yes, please give details.

Have you ever been subject to any proceedings/complaints initiated by The Law Society or any other professional body?

If yes, please give details.

Health

Are there any adjustments that may be required to be made should you be invited for interview?

If yes, please give details.

Please give details of any health/disability problem(s) that may be relevant to the position applied for. Such information is requested so that any reasonable adjustments to the work involved may be considered.

References

All appointments are subject to the receipt of satisfactory references. Please provide details of two referees to whom confidential enquiries may be made. These should preferably be an academic referee and a previous or current employer.

Please note we will only take up references once an offer of a training contract has been made.

Name:		Name:	
Position:		Position:	
Company / Organisation:		Company / Organisation:	
Address:		Address:	
Tel No:		Tel No:	
Email:		Email:	

Other information

Do you hold a current full driving licence?	Yes / No
Are you currently eligible for employment in the UK? If yes, please state what documentation you can provide in order to demonstrate this (e.g. British passport / birth certificate / European Economic Area identity card / travel document showing an authorisation to reside and work in the UK, etc.) If not currently eligible for employment in the UK, state grounds (special skills, etc.) on which this company might apply for a permit on your behalf.	Yes / No

DATA PROTECTION STATEMENT

The information provided on this form will remain confidential and will be used for the purpose of selection/recruitment.

If your application is successful the firm may, from time to time thereafter, wish to process this information for personnel administration and business management purposes. We may check the information collected with third parties or with other information held by us. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other ways as permitted by law.

DECLARATION

I declare to the best of my knowledge and beliefs, all particulars I have given in all parts of this application form are complete and true. I understand that any false declaration or misleading statement or a significant omission may disqualify me from employment and render me liable to dismissal. I understand that any job offer is subject to references, checks on relevant qualifications, employment eligibility and a probationary period, all of which must be deemed by the firm as satisfactory.

Signed:

Date:

Please return your completed application form with a copy of your CV and a covering letter to:

Trudie Mills
Gill Turner Tucker
Colman House
King Street
Maidstone
Kent
ME14 1JE

or by email to trudie.mills@gillturnertucker.com

Equality and diversity monitoring form

Gill Turner Tucker operates an equality and diversity policy. You are not obliged to fill this form in but, if you do so, it will help us to monitor our processes and ensure that we provide equality of opportunity to all. The information you give here will be treated in strict confidence and will be used only for monitoring and research purposes without identifying you.

Gender

What is your gender?			
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Transgender	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
		Not specified	<input type="checkbox"/>

Disability

Do you consider yourself as having a disability?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give more information about your disability (delete as appropriate).					
Physical	<input type="checkbox"/>	Visual	<input type="checkbox"/>	Hearing	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	Learning disabilities	<input type="checkbox"/>	Another illness	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	Please specify: <input style="width: 200px;" type="text"/>			

*The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities.

Ethnic origin

Please tick the box from the list below which best describes the ethnic group to which you belong:

White	Black or Black British	Chinese or other ethnic group
British <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	Black African <input type="checkbox"/>	Other ethnic background <input type="checkbox"/>
Other white background <input type="checkbox"/>	Other black background <input type="checkbox"/>	Other Asian background <input type="checkbox"/>
Please specify: <input style="width: 100px;" type="text"/>	Please specify: <input style="width: 100px;" type="text"/>	Please specify: <input style="width: 100px;" type="text"/>
Mixed	Asian or Asian British	Prefer not to say <input type="checkbox"/>
White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	
White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	
White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	
Please specify: <input style="width: 100px;" type="text"/>	Please specify: <input style="width: 100px;" type="text"/>	

Religious beliefs

Please tick the box from the list below which best describes your religious belief:

Agnostic	<input type="checkbox"/>	Atheist	<input type="checkbox"/>	Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Roman Catholic	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Not specified	<input type="checkbox"/>	Other	<input type="checkbox"/>	Please specify:			
Prefer not to say	<input type="checkbox"/>						

Sexual orientation

Please tick the box from the list below which best describes your sexual orientation:

Not specified	<input type="checkbox"/>	Same sex (homosexual)	<input type="checkbox"/>
Opposite sex (heterosexual)	<input type="checkbox"/>	Same sex and opposite sex (bisexual)	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		

Age

16–25	<input type="checkbox"/>	41–55	<input type="checkbox"/>
26–40	<input type="checkbox"/>	56+	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		

Thank you for completing this questionnaire. Please return this form to:-

Mrs Trudie Mills, Office Manager
Gill Turner Tucker
Colman House
King Street
Maidstone
Kent
ME14 1JE