

European Lawyers' Programme 2017 **Application Form**

Please complete all sections of this form in ENGLISH in black ink (typed if possible) and attach a full CV and any supplementary information.

PERSONAL DETAILS 1.

Family name: (If more than one, please underline the one which determines your alphabetical listing)

Other names:

(If more than one, please underline the one by which you are known)

Place of Birth: _____ Nationality: _____

CONTACT INFORMATION 2.

Please give the address at which you can be contacted routinely throughout 2016/17, including full country and area codes for telephone numbers

Address:	
Telephone:	_ Mobile:



3. PRESENT EMPLOYMENT

Employer/Organisation: ______
Current job title: ______
Work address: _____

4. PRESENT RESPONSIBILITIES

What are your current responsibilities/duties?

5. PREVIOUS RELEVANT WORK EXPERIENCE

Please give dates and details of all your other law-related employment experience, starting with the most recent.

6. EDUCATION AND QUALIFICATIONS

Please give details of your <u>university/college</u> education in chronological order, starting with the most recent, stating specific qualifications and grades gained.

Institution	Course Title	Dates	Qualificati ons/ Grades	Tuition in English? (Yes/No)

7. FURTHER QUESTIONS RELATING TO YOUR APPLICATION

What is your proposed career development in your own country?	
Do you have any knowledge of UK and/or Scots law? If yes, please give details	Yes/No
In order of preference, which areas of law and legal practice are you most interested in?	

8. REFEREES

Please give the names, positions and titles of two people whom you are asking to write in support of your application.

ļ	Referee 1	Referee 2	
	Name:	Name:	
		Job Title:	
	Organisation:	Organisation:	

9. HOBBIES AND INTERESTS

10.LANGUAGES AND TRAVEL

Have you visited the UK before?	Yes / No
If yes, please give details and dates:	
Which other countries have you visited?	
Which languages besides English do you speak? Please state level of fluency (i.e. Basic/Workin knowledge/Fluent)	ıg

11.HEALTH

Do you have any special medical, physical or dietary needs?

12.REASONS FOR APPLYING

Please state your objectives in applying for this Programme.

13. YOUR AREA OF INTEREST

Please note that during the Programme, you will be asked to give a 30 minutes presentation on a legal topic of your choice. The topic should have cross-border interest, i.e. which would be of interest to lawyers in jurisdictions other than your own. Please explain what topic you would like to suggest and why this would be of interest to lawyers across Europe (max. 200 words).

14. DISCLOSURE

The European Lawyers Association will use the information you have given on this form to assess you for the European Lawyers Programme, and if you are successful the details will be used to administer the Programme.

Your information will be passed to the Faculty of Advocates and may be passed to any other person or organisation involved in your training or placement during your stay in Edinburgh. It will not be disclosed to any other third parties.

15. EQUALITY AND DIVERSITY

The European Lawyers Association is committed to promoting equal opportunities in the recruitment of candidates for the European Lawyers Programme. You and any other applicants will receive equal treatment regardless of age, disability, gender reassignment, marital or civil partner status, pregnancy or maternity, race, colour, nationality, ethnic or national origin, religion or belief, sex or sexual orientation.

DECLARATION

I declare that the above statements are true and accept that my participation in the Programme may be brought to an end if any statement proves to be false.

I confirm that if selected I will be released from my present employment or otherwise be available for the full duration of the Programme in the United Kingdom.

I undertake that if I am offered a place on the Programme, I will participate fully and will spend the whole of the relevant period in the United Kingdom

I consent to the processing of my personal data by the ELA and/or the Faculty of Advocates.

Signature

Date / /

ADDITIONAL COMMENTS