



Please use Section 8 - continuation sheet if necessary

Section 1 - About You...

Full Name:		Title: (Mr, Mrs, etc.)	
		Email Address:	
Home Address:		Term Address:	
Home Telephone:		Term Telephone:	
Dates when contactable at home address:		Dates when contactable at home address:	
Have you a place on the Legal Practice Course or Graduate Diploma in Law/Common Professional Examination Course?			
Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when and where?			
<i>Note: If you have already taken either or both of these courses, please include details under Section 4 'Postgraduate Study'</i>			

Section 2 - Secondary Education...

Name and address of school(s) / college(s) attended:

Please list all examination results including any fails and resits:

Examination Type: GCSE A Levels AS Levels Higher Overseas Other (please specify)

Subject:	Grade:	Subject:	Grade:

Section 3 - Higher Education...

University/College	Degree	Class Obtained (if known)

FIRST year subjects:	Results:

SECOND Year subjects:	Results:

THIRD Year subjects:	Results:

Section 4 - Post Graduate Study...

Note: If applicable, please include results of the Legal Practice Course and/or Graduate Diploma in Law/Common Professional Examination here...

University/College	Qualification	Modules taken	Result (if known)

If you have any other qualifications not mentioned above please provide details:

Section 5 - Experience and Interests...

Please provide details of any previous legal or other work experience (either full-time, part-time or vacation work) starting with your current or most recent employer/work experience provider and explain the nature of the work undertaken/ skills obtained? *(continue in Section 8 if necessary)*

What are your main hobbies and leisure pursuits?

Do you belong to any clubs, societies or groups? Please describe any related positions of responsibility

Section 6 - General Information...

What languages do you speak/read/write? *Please also indicate your proficiency*

Language:	Speak?	Read?	Write?	Proficiency?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please specify any software packages you are familiar with stating your proficiency level:

Software Package:	Fair	Average	Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any medical condition which does or may require special arrangements for interview, please specify the nature of your condition and the arrangements you would wish us to make:

Do you hold a full UK driving licence?

Yes

No

Please provide details of any endorsements:

Have you ever been convicted of any offence or had any judgement made against you by a court?

Yes

No

If yes please provide details:

Please indicate how you heard about Gosschalks, why you would like to train with us and any additional information which you think is relevant to your application and which you would like us to take into consideration:

Is there an area of law which interests you particularly or where you see your future career?

Section 7 - References...

Please provide two referees, one academic and one personal. Neither should be a relative or contemporary:

Academic		Personal	
Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Occupation:		Occupation:	
Can we contact this referee direct :	Yes <input type="checkbox"/> No <input type="checkbox"/>	Can we contact this referee direct :	Yes <input type="checkbox"/> No <input type="checkbox"/>

I confirm that the above details are true and correct:

Print Name

Signature:

Date

Please return this form to the following address:

The Training Principal
Gosschalks Solicitors
Queens Gardens
Hull
HU1 3DZ

*** Continuation sheet on next page ***

Section 8 - Continuation Sheet...

Full Name:

Title:
(Mr, Mrs, etc.)

Details:

Please attach securely to main application