

Training Contract

Application Form

22 The Parks
Minehead
Somerset
TA24 8BT
T: +44 (0)1643 707777
F: +44 (0)1643 700020

19 Imperial Square
Cheltenham
Gloucestershire
GL50 1QZ
T: +44 (0)1242 285855
F: +44 (0)1242 285856



Office use only

Date Received:

Acknowledgement sent:

Received by:

Follow-up letter sent:

Please complete this form in black ink and return it to Hilary Coles for all Minehead applications and Lisa Croft for all Cheltenham applications.

Please state which office you are applying to (Minehead or Cheltenham):

Please state when you are aiming to commence your training contract:

Please note that all personal information supplied by you will be processed in accordance with the principles of the Data Protection Act 1998 (the 'Act')

PERSONAL DETAILS

Name:	
Address:	
Telephone number:	
Mobile number:	
E-mail address:	

EDUCATION

GCSE's Name and address of school / college:

GCSE or Equivalent:	Subjects:	Grade:
A / AS LEVELS: Name and address of school / college:		
A / AS Level or Equivalent	Subjects:	Grade:

FURTHER EDUCATION

Name and address of University:	
Degree / Course Title:	Dates from/to:
Degree result obtained / expected (please state which): <small>(please note that Maitland Walker welcomes applications from candidates who have achieved - or anticipate achieving - a 2.1 or above)</small>	
Name and address of Postgraduate CPE / LPC Institution:	Dates from/to:

Subjects:	Grades:
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Please include any further relevant information about your education (e.g. position of responsibility, scholarships, prizes, etc.):

LEGAL WORK EXPERIENCE

Name and address of Employer:	
Nature of work experience / description of work undertaken:	Dates from/to:

GENERAL WORK EXPERIENCE

Name and address of Employer:	
Nature of work experience / description of work undertaken:	Dates from/to:

ABOUT YOU:

Please state why you have chosen to follow a career in law:

Please indicate why you have applied to Maitland Walker for a Training Contract:

Please indicate any personal qualities you feel you have that will assist you in becoming a successful solicitor:

Why should Maitland Walker select you for an interview:

FURTHER INFORMATION:

Please provide any other information that will help us to select you for interview:	
Please indicate how you heard about Maitland Walker:	
Do you require a work permit?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have you ever been convicted of a criminal offence:	Yes <input type="checkbox"/> No: <input type="checkbox"/>

REFERENCES:

Personal / Employment Referee:	Academic Referee:
Name:	Name:
Address:	Address:
May we contact this referee: YES / NO	May we contact this referee: YES / NO

I confirm that to the best of my knowledge the above information is correct and I understand that any false information given may result in any offer of employment being withdrawn.

Signature:

Date:

EQUAL OPPORTUNITIES MONITORING FORM

Maitland Walker is committed to providing equal opportunities to all staff in its employment. This means that no employee or prospective employee will be discriminated against because of their race, religion, colour, sex, sexual orientation, nationality, ethnic or national origins, marital status, age or disability.

We would be grateful if you would complete the questions below by ticking the appropriate boxes. This information is used solely for monitoring purposes. Any information you provide on this form will be treated in strict confidence. Please note that this sheet will be removed from your application form before the applications are short listed.

Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>			
Date of birth:					
Marital status:					
Ethnic Origin:					
White - UK	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Black - UK	<input type="checkbox"/>
White - other	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Black - African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Asian - other	<input type="checkbox"/>
Black - other	<input type="checkbox"/>				
Do you require a work permit?			Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Have you ever been convicted of a criminal offence:			Yes <input type="checkbox"/>	No: <input type="checkbox"/>	

Do you have a disability (a physical or mental condition) that may affect your ability to carry out normal day-to-day activities?

YES

NO

Are you registered disabled?

YES

NO

Please indicate whether you will require us to provide any assistance or special arrangements should you be selected for an interview: