

## Ad Eundem Membership

As a barrister member of one of the other Inns (not a student member), you are eligible to join the Inn ad eundem as an associate member.

**Your application must contain -**

* A completed application form including a letter to the Under Treasurer outlining the reasons you wish to become an ad eundem member
* A Letter of Good Standing from your current Inn of Court
* A Certificate of Good Standing from the BSB
* Passport photo
* A certified copy of photo ID

Once we have received your application it will be put to the next available meeting of Pension.

If your application is accepted, you must make payment within 5 working days of approval. £700 (if over 10 years Call) or £350 (if under 10 years Call)

Should you have any questions regarding ad eundem membership, please contact Samantha Phillips – 02074 587 972

Dear Under Treasurer,

|  |
| --- |
| INN’S USE ONLY |
| ADMITTED  |
|  |
| AD EUNDEM ADMISSION No |
|  |



**Ad Eundem Membership Application**

This form must be completed by every applicant seeking ad eundem membership.

|  |  |
| --- | --- |
| Title: |       |
| Forenames: |       |
| Surname: |       |
| Date of Birth: |       |
| *Please give your name as it is registered with your Inn and your Professional Regulator* |
| Correspondence Address  |       |
| Home Address |       |
| Telephone number |       |
| Mobile number |       |
| Email Address  |       |

**Further Information**

|  |  |
| --- | --- |
| I am a member of | [ ]  Inner Temple[ ]  Lincoln’s Inn[ ]  Middle Temple |
| Admission date |       |
| Call date |       |
| Tenancy date |       |
| Date of KC (if applicable) |       |
| Date of Recorder (if applicable) |       |
| Date of Judicial appointment (if applicable) |       |
| Judge: The court where I sit (if different to my correspondence address) |       |
| Bar Council number |       |

**Your Declaration**

|  |  |
| --- | --- |
| I have never been convicted of any criminal offence nor are there any proceedings pending against me anywhere in respect of any criminal offence.  | [ ]  I Agree[ ]  I Disagree |
| I have never been convicted of a disciplinary offence by a professional regulatory body nor are there any disciplinary proceedings pending against me anywhere in respect of any such offence. | [ ]  I Agree[ ]  I Disagree |
| I have never been found guilty of an academic offence by a higher education institution. | [ ]  I Agree[ ]  I Disagree |
| I have never had any bankruptcy order, debt relief order, directors’ disqualification order, bankruptcy restrictions order or debt relief restrictions order made against me nor entered into an individual voluntary arrangement with creditors.  | [ ]  I Agree[ ]  I Disagree |
| I have not previously been refused admissions to or expelled from an Inn.  | [ ]  I Agree[ ]  I Disagree |

**Inn’s Data Privacy Notice**

The Inn adheres to the General Data Protection Regulation 2016/679 (the 'GDPR'). The Inn’s Data Privacy Notice is published at <https://www.graysinn.org.uk/data-privacy-notice>.

|  |
| --- |
| [ ]   By ticking this box I confirm that I have read the Inn’s Data Privacy Notice and consent to the processing of my personal data in line with this statement. |

Your Involvement with the Inn

|  |  |
| --- | --- |
| Preferences:  | [ ]  Education[ ]  Events[ ]  Library [ ]  News[ ]  Inn Publications - Graya[ ]  Inn Publications – Graya News[ ]  Third Party Events and offers |
| Would you be interested in being involved in the Inn? | [ ]  Advocacy Trainer[ ]  Court Pupillage[ ]  Clubs & Societies [ ]  Mentor |
| Are you an Advocacy Trainer at your Inn? | [ ]  Yes[ ]  No |
| Are you a Pupil Supervisor? | [ ]  Yes[ ]  No |
| Do you have any dietary requirements? |        |

**Equal Opportunities Questionnaire**

The Honourable Society of Gray’s Inn aims to have an inclusive environment for all staff, students and members by identifying and removing barriers in our practices. Completing this monitoring form will help us achieve this and help the Inn meet our obligations under the Equality Act 2010.

While it is voluntary to disclose this information, doing so will enable us to better understand the composition of our workforce and membership body to examine our practices fully.

Your answers will be treated in the strictest confidence, and all data disclosed will comply with the Data Protection Act 2018. Further information on our data privacy notice can be found here on our website: <https://www.graysinn.org.uk/data-privacy-notice>

To find out more about work we are doing to meet the requirements of the Equality Act, please contact the Director of Education.

The ethnic origin categories and codes are those used in the 2011 census and are recommended by the Bar Council.

**Ethnicity**

Choose one section from the below the most appropriate box to indicate your cultural background.

Asian or Asian British

|  |  |
| --- | --- |
| Indian | [ ]  |
| Pakistani | [ ]  |
| Bangladeshi | [ ]  |
| Chinese | [ ]  |
| Any other, please write in |       |

Black or Black British

|  |  |
| --- | --- |
| African | [ ]  |
| Caribbean | [ ]  |
| Any other Black / African / Caribbean background | [ ]  |
| Any other, please write in |       |

Mixed or multiple ethnic background

|  |  |
| --- | --- |
| White and Black Caribbean | [ ]  |
| White and Black African | [ ]  |
| White and Asian | [ ]  |
| Any other, please write in |       |

White

|  |  |
| --- | --- |
| British / English / Welsh / Northern Irish / Scottish  | [ ]  |
| Irish | [ ]  |
| Gypsy or Irish Traveller | [ ]  |
| Any other, please write in |       |

Other ethnic group

|  |  |
| --- | --- |
| Arab | [ ]  |
| Any other, please write in |       |

Prefer not to say [ ]

**Nationality**

|  |  |
| --- | --- |
| Please write in |       |

**Gender**

|  |  |
| --- | --- |
| Male | [ ]  |
| Female | [ ]  |
| Prefer not to say | [ ]  |
| If you prefer to use your own term, please write in |       |

**Disability**

The Equality Act 2010 is defined as: a person having a disability if they have ‘a physical or mental impairment, which has a substantial long-term adverse effect on their ability to carry out normal day-to-day activities’. Long term means 12 months or more.

Do you consider yourself to have a disability according to the definition in the Equality Act?

|  |  |
| --- | --- |
| Yes  | [ ]  |
| No | [ ]  |
| Prefer not to say | [ ]  |
| If yes, please provide the nature of your disability  |       |

Please submit your application to Samantha Phillips

Samantha.Phillips@graysinn.org.uk