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## THE GRAY’S INN POST PUPILLAGE MAINTENANCE AWARD

This application form is to be used in order to apply for a 2016/17 Post Pupillage Maintenance Award.

**To be eligible to apply, you must**

* be a member in good standing of Gray’s Inn;
* have successfully completed pupillage;
* hold a current Practising Certificate;
* have been in practice for at least 1, but not more than 5 years;
* practise in public/administrative law, acting for claimants in public law cases [in whole or substantial part] and
* have been or are likely to be affected by the legal aid cuts.

**To apply**

* Complete, sign and send this application to [scholarships@graysinn.org.uk](mailto:scholarships@graysinn.org.uk)
* CLOSING DATE FOR APPLICATIONS: **10:00am, FRIDAY 10 March 2017.**

**Note**

* All applicants will be informed as to the status of their applications by Wednesday 15 March 2017.
* All applicants must **keep their diaries free** from 5:45 – 8:00pm on Monday 20 March 2017 should the Inn wish to meet for a brief interview [either in person or via Skype].

**ALL INFORMATION PROVIDED WILL BE TREATED IN THE STRICTEST CONFIDENCE.**

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| **Surname** | **First Name(s)** | **Title** |
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| **Professional address** | **Professional telephone** |
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|  | **Email** |
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|  | **Mobile** |
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| **Tenancy / Employment start date** |  |
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| **I confirm I am a member in good standing of Gray’s**  **Inn:**    **Yes** | **Year of Admission**    **Year of Call** |
| **I have received the following scholarships from the Inn:**  **CPE/GDL**      **BPTC**  **Senior Scholarship** | **Ann Felicity Goddard Scholarship**  **Other, please specify** |
| **I successfully completed my pupillage at:** | **Month and year of completion of pupillage:** |

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| **Are you a member of any of the circuits?**  If so, please specify which. | Yes          No |

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| Chambers / Employer details |
| Number of practitioners in your chambers / organisation |
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| Please state why you feel you merit and need a Post Pupillage Maintenance Award. (in no more than 100 words) |
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| **Please provide any further information which you feel may be relevant to the decision to grant you this award,** e.g. your total debt, excluding mortgage.[in no more than 100 words] |
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| Practice details |
| Please explain what areas of your work have been or are likely to be affected by changes in the provision of legal aid and why. [in no more than 200 words] |
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| **What percentage of your earnings is derived from publicly funded work?** |
| less than 20%      20 - 40%       40 - 60%       60 - 80%      more than 80% |
| **What percentage of your earnings is derived from acting for a claimant in public funded cases?** |
| less than 20%      20 - 40%       40 - 60%       60 - 80%      more than 80% **If you wish, you may expound on this area of your practice.** *[no more than 100 words]* |

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| **Financial details** | |
| **Does your chambers / employer contribute toward the cost of CPD or provide any form of financial assistance including subsidised rent and/or loans?**  If so, please provide details including amounts. | **YES**      **NO** |
| **Approximate earnings / salary (after deduction of tax detectable expenses) for the last two financial years** | **October 2014 – October 2015:**    **October 2015 – October 2016:** |
| **Do you own any property or assets worth more than £5,000?**  If so, please provide details including amounts. | **YES**      **NO** |
| **Do you have any unearned income in excess of £1,000 per annum?**  If so, please provide details including amounts. | **YES**      **NO** |
| **Do you receive any other source of income?**  If so, please provide details including amounts. | **YES**      **NO** |

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| **Referee name & contact details** | Please provide details of a professional referee who may be contacted for a reference as part of this application process. This should be your Head of Chambers/ Organisation or Head of Publicly Funded Work at your chambers/organisation. Please include address, telephone number and professional email address. |
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| I declare that the above particulars are true to the best of my knowledge and belief. Placing my signature below confirms the truth of this statement. | |
| **Signature** | **Date** |

**APPLICATION DEADLINE**

Your application must be received by **10:00am, FRIDAY 10 March 2017** by email [a scanned copy of the signed original] to: [scholarships@graysinn.org.uk](mailto:scholarships@graysinn.org.uk)

**or by post to**:

Director of Education, The Honourable Society of Gray’s Inn, 8 South Square, London WC1R 5ET

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Inns’ Equal Opportunities Questionnaire

Please complete and return with your application form.

The ethnic origin categories are those used in the 2011 census and are recommended by the Bar Council. The information collected will be treated as confidential. Your name is not required when completing this form. The information will be used to compile statistical analyses and reports and will not be released to anyone in a way which might identify any individual. The data collected will not be used in any selection process and is kept only for monitoring purposes.

**1. What is your ethnic group?**

Choose one section from (a) to (e) and then place a tick in the appropriate square box to indicate your cultural background.

(a) **White**

British / English / Welsh / Northern Irish / Scottish  [01]

Irish  [02]

Gypsy or Irish Traveller  [03]

Any other white background – *please specify*  [04]

(b) **Mixed**

White and Black Caribbean  [05]

White and Black African  [06]

White and Asian  [07]

Any other mixed / multiple ethnic background – *please specify*  [08]

(c) **Asian or Asian British**

Indian  [09]

Pakistani [10]

Bangladeshi  [11]

Chinese  [12]

Any other Asian background – *please specify*        [13]

(d) **Black or Black British**

African  [14]

Caribbean 15]

Any other Black / African / Caribbean background – *please specify*   [16]

(e) **Other ethnic group**

Arab  [17]

Any other – *please specify*        [18]

(f) **Unwilling to supply information**  [19]

**2.** Please indicate your gender: **Male       Female**

**3.** Do you consider yourself to have a disability? **YES       NO**

**Date:**