

Kerseys Solicitors
 32 Lloyds Avenue
 Ipswich
 Suffolk IP1 3HD

Tel: 01473 213 311

TRAINEESHIP APPLICATION FORM



PERSONAL DETAILS					
Surname:		Forenames:			
Title: Mr / Mrs / Ms / Miss / Dr / Other					
Address:		Home Tel:			
		Mobile Tel:			
		Email:			
EDUCATION					
School; College; University:	Dates:		Examinations Taken:	Date:	Result:
	From:	To:			
<i>Please use a continuation sheet if necessary.</i>					
Legal Practice Course (LPC) details:					
Other relevant Educational or Training Course information, with dates:					

PREVIOUS EMPLOYMENT (IF ANY)

Name & Address of Employers:	Position Held:	Dates:	
		From:	To:

RELEVANT EXPERIENCE

Please say why you are applying for a traineeship at Kerseys, outline aspects of your experience and give details of any particular achievements or distinctions which you consider relevant to this application. Please use a continuation sheet if necessary.

OTHER INFORMATION

Do you hold a current driving licence?	YES / NO	Do you own a car?	YES / NO
What activities outside work interest you?			

LANGUAGES

Do you speak any other languages? If so, please state which and give details of your competency:

OTHER INFORMATION (continued)

CRIMINAL CONVICTIONS

Please state whether you have been convicted of any criminal offence in the last 5 years, excluding minor parking and traffic offences.

YES / NO

If yes, please provide further details, including the date of conviction. Please use a continuation sheet if necessary.

HEALTH

Please state the number of days you have been absent from any employment due to sickness during the past two years:

DISABILITY DISCRIMINATION ACT 1995

Are there any adjustments which you think we could make to overcome a disability in relation to the essential requirements of this job? YES / NO

If yes, please provide further details. Please use a continuation sheet if necessary.

COMMENCEMENT

When are you looking for your traineeship to start?

REFEREES

Names and Addresses of two referees:

Name: Organisation: Address: Tel: Email:	Name: Organisation: Address: Tel: Email:
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DECLARATION

I declare that the information given is true and correct. I give my consent to my referees being contacted and for details of any sickness absence during the last two years to be obtained.

Signed: Date:

Name:

Thank you for completing this application. Please return it to:

**Mrs P. Smith
Kerseys Solicitors
32 Lloyds Avenue
Ipswich
Suffolk IP1 3HD**

Data Protection Act 1998

The use of information provided on this form will comply with the requirements of the above Act.

Such data may be used to produce depersonalised statistics.

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RECRUITMENT MONITORING FORM



Tel: 01473 213 311

Kerseys is committed to equal opportunities in employment. In order to ensure the effectiveness of this policy, all applicants are asked to provide the following information. Any information given will be treated in the strictest confidence and will be used solely for the purpose of monitoring.

THIS QUESTIONNAIRE WILL BE SEPARATED FROM THE REST OF THE APPLICATION FORM IMMEDIATELY ON RECEIPT BY PERSONNEL BEFORE ANY CONSIDERATION OF CANDIDATES OCCURS.

Name: Application Date:

Position:

GENDER (Please tick the appropriate box)			
MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>

AGE (Please tick the appropriate box)					
16 – 20	<input type="checkbox"/>	21 – 30	<input type="checkbox"/>	31 – 40	<input type="checkbox"/>
41 – 50	<input type="checkbox"/>	51 – 60	<input type="checkbox"/>	60 +	<input type="checkbox"/>

RELIGION (Please tick the appropriate box)					
CHRISTIANITY	<input type="checkbox"/>	BUDDHISM	<input type="checkbox"/>	ISLAM	<input type="checkbox"/>
ROMAN CATHOLIC	<input type="checkbox"/>	HINDUISM	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
JUDAISM	<input type="checkbox"/>	SIKHISM	<input type="checkbox"/>		

ETHNICITY (Please tick the appropriate box)					
WHITE	MIXED	ASIAN OR ASIAN BRITISH			
WHITE BRITISH <input type="checkbox"/>	WHITE AND BLACK CARIBBEAN <input type="checkbox"/>	INDIAN <input type="checkbox"/>			
WHITE IRISH <input type="checkbox"/>	WHITE AND BLACK AFRICAN <input type="checkbox"/>	PAKISTANI <input type="checkbox"/>			
WHITE OTHER <input type="checkbox"/>	WHITE AND ASIAN <input type="checkbox"/>	BANGLADESHI <input type="checkbox"/>			
BLACK or BLACK BRITISH	MIXED OTHER <input type="checkbox"/>	ASIAN OTHER <input type="checkbox"/>			
BLACK CARIBBEAN <input type="checkbox"/>	CHINESE <input type="checkbox"/>	OTHER <input type="checkbox"/>			
BLACK AFRICAN <input type="checkbox"/>					
Black Other <input type="checkbox"/>					