

**Kerseys Solicitors**

32 Lloyds Avenue

 Ipswich **TRAINEESHIP**

 Suffolk IP1 3HD **APPLICATION FORM**

Tel: 01473 213 311

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

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| **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:    |

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| **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.  |



**Kerseys Solicitors**

 32 Lloyds Avenue **RECRUITMENT**

Ipswich

 Suffolk IP1 3HD **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  |  |  |   |  |  | FEMALE  |   |

|  |  |  |
| --- | --- | --- |
|  | **AGE** (Please tick the appropriate box) |  |
| 16 – 20  |   | 21 – 30  |   | 31 – 40  |   |
| 41 – 50  |   | 51 – 60  |   | 60 +  |   |

|  |  |  |
| --- | --- | --- |
|  | **RELIGION** (Please tick the appropriate box) |  |
| CHRISTIANITY  |  BUDDHISM  |  ISLAM  |
| ROMAN CATHOLIC  |  HINDUISM  |  OTHER  |
|  JUDAISM  |  SIKHISM  |   |

|  |  |  |
| --- | --- | --- |
|  | **ETHNICITY** (Please tick the appropriate box) |  |
| **WHITE**  | **MIXED**  | **ASIAN OR ASIAN BRITISH**  |
|  WHITE BRITISH  | WHITE AND BLACK CARIBBEAN  |  INDIAN  |
|  WHITE IRISH  | WHITE AND BLACK AFRICAN  |  PAKISTANI  |
|  WHITE OTHER  |  WHITE AND ASIAN  MIXED OTHER  |  BANGLADESHI  ASIAN OTHER  |
| **BLACK or BLACK BRITISH**  BLACK CARIBBEAN  BLACK AFRICAN  Black Other  |
|   **CHINESE**    |   **OTHER**    |