

**Pupillage Support Grants 2017**

**Information for Applicants**

**General**

The purpose of the Middle Temple Pupillage Support Grants is to provide direct financial assistance to pupils in publicly funded areas during the course of their 12 month pupillage in chambers. Funds are limited.

**Criteria for applicants**

To be eligible to apply you must;

1. Be a member of Middle Temple
2. Have commenced, but not yet completed, pupillage in a set of chambers or other Approved Training Organisation whose work is predominantly publicly funded.
3. Be in receipt of a minimum pupillage award no greater than;

£14,000\* for pupillages based outside of London, or

£16,500\* for pupillages based in London

*\*figures may change in November 2016 in line with national Living Wage – see website for most up to date information*

**The Application**

To make your application, please complete the form below and submit a hard copy or a scanned copy by email along with one reference (see below) **by 4.00 pm on Monday 9 January 2017**. Please follow the instructions on the application form carefully. Do not submit a CV or other documents with your application, unless requested to do so.

**Financial means form**

The financial means form is intended to help the panel assess your finances during your year of pupillage. Even though you are part way through this year, please complete this form for the whole 12 months. The information you provide will be treated in strict confidence and in accordance with the Inn’s data protection policies and procedures. Please read the following guidelines carefully before completing the form.

* It is important that all information given is accurate. Verification may be requested if required.
* If there is a relevant item that does not fall into one of the specific categories, please use the rows marked \*, specifying what the additional item is.
* Please ensure that you complete the form in full. Provide as much information as possible. Brief notes can be added next to specific items on the form. Any further explanation should be included in the separate box provided for any information ‘about your existing or anticipated financial position’.
* **Anticipated Expenses**
* We expect you to provide reasonable/realistic figures.
* If there are valid reasons for a figure being more than might normally be expected of the average pupil’s budget, please include a *brief* note in the column provided to explain it. The panel may then ask for further explanation or clarification, if required. For example, your food costs may be high because you also have to pay for your child(ren)’s food.
* **Anticipated Income**
* Please split your pupillage award into the award for your 1st Six and the guaranteed earnings for your 2nd Six.
* As with expenses, any additional income during your 2nd Six will only be estimated, but please try to provide an educated estimate.
* Please make sure that what you include under ‘financial contribution from family or other sources’ corresponds with what you have included as expenses.

For example, if your parents have agreed to contribute towards your living expenses, it is best to complete your ‘anticipated expenses’ table with accurate costs for the year, and then enter the corresponding figure that your parents are paying towards those expenses in the ‘anticipated income’ table.

* **Existing Indebtedness**
* Include any debts that you currently have and when you are due to start paying them back, e.g. student loans, any other loans, etc.
* Any repayments that you will be making during pupillage should be included in expenses.
* **Anticipated Indebtedness**
* You should include any proposed bank loans that you are considering taking out during the remainder of pupillage.
* **Assets**
* Include any assets that you have. If any of these assets are shared between yourself and your partner/spouse, or anyone else, then please only include figures for your share.

Please note that if this form isn’t completed fully, your application may not be processed.

**Reference**

You must provide a reference letter from your Pupil Supervisor or Head of Chambers. Applications must be supported by a reference letter from your Pupil Supervisor, Head of Chambers or other suitable member of chambers.  The reference should provide an assessment of your work in chambers so far and comments on your future prospects at the Bar.  This can be submitted with your application or alternatively sent directly to the Inn

**Submitting your application**

**Applications should to be posted to:**

Pupillage Support Grants, The Honourable Society of the Middle Temple, Treasury Office, Ashley Building, London, EC4Y 9BT

Signed, scanned copies can be submitted to s.yorke@middletemple.org.uk

You will receive confirmation of receipt of your application by email. It is your responsibility to ensure your application is received on time. If in doubt email a copy to the address above and you will receive an automated confirmation email.

If you have any questions please contact the Scholarships Officer on 020 7427 4800.

**Please keep a copy of your completed application as well as this document**

**for your information and further reference**



**Application Form for Pupillage Support Grants 2017**

Please **type** in the boxes below using **Arial font size 11 pt**.

Do **not** complete by hand. Click on any check boxes to tick/untick as required.

|  |  |
| --- | --- |
| **Title** (e.g. Mr/Mrs/Miss/Ms/Dr) |  |
| **First Name**  |  | **Middle Name(s)** |  |
| **Surname** |  |
|  |
| **Permanent (Home) Address** |  |
| **Postcode** |  |
| **Phone Number** |  |
|  |
| **Current Address** *(if different from the address above)* |  |
| **Postcode** |  |
| **Phone Number** |  |
|  |
| **Email Address**  |  |
| **Mobile Phone Number** |  |
|  |
| **Middle Temple Membership Number** |  |
| **Call Date** |  |
| **Bar Council Number** |  |

|  |  |
| --- | --- |
| **Pupillage Start Date** |  |
| **Pupillage End Date** |  |
| **Chambers Name** |  |
| **Chambers Address** |  |
| **Pupil Supervisor** |  |
| **If your second six will be undertaken elsewhere, please provide details** |  |

|  |
| --- |
| **Undergraduate and Postgraduate Study***(Insert additional rows as required)* |
| **University** | **Date\*** | **Degree** **(e.g. LLB Hons)** | **Subject** | **Grade** |
|  |  |  |  |  |
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| --- |
| **Any Other Occupation, Employment or Training Experience**, with dates\* *(max 250 words)* |
|  |

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| --- |
| **Achievements, Interests and Activities** *(max 250 words)*  |
|  |

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| --- |
| **If, having completed this form, you consider that there is something about your existing or anticipated financial position that has been missed, please provide that information below.** |
|  |

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| --- |
| **If you own any property, please provide details of any efforts you have made to release equity, where possible.** |
|  |

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| --- |
| **Is there any other information you would like to provide in support of your application not covered elsewhere on this form?** |
|  |

|  |  |
| --- | --- |
| Do you hold a UK or EU passport? *(If NO, please answer the following questions)* | YES [ ]  NO [ ]  |
| ***For applicants who do not hold a UK or EU passport*** |
| What type of visa do you currently hold?  | YES [ ]  NO [ ]  |
| When does this visa expire? *(Please supply a copy with your application)* |  |
| Would you have restrictions on practising in the UK after completing pupillage?  | YES [ ]  NO [ ]  |
| If YES, what type of visa application do you intend to make to enable you to practise at the Bar of England and Wales? *Please give details below.* |
|  |

**FINANCIAL MEANS DURING PUPILLAGE**

Please read the separate guidance sheet before filling in this form. Complete this form in pounds sterling. Ensure the form remains on two pages in total.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: |  |  | Chambers: |  |
| First name: |  |  | Location of Chambers: |  |
| Surname: |  |  | Town/city you live in: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Anticipated Expenses |  |  |  |  |
|  | ***Monthly Cost*** | ***Total Cost******(for pupillage year)*** | ***Any relevant notes*** | ***For office use only*** |
| Mortgage payments |  |  |  |  |
| Rent payments |  |  |  |  |
| Bills (e.g. mobile phone, share of household bills - gas, electricity, internet etc.) |  |  |  |  |
| Food |  |  |  |  |
| Household goods (e.g. cleaning) |  |  |  |  |
| Personal items (e.g. clothes, toiletries) |  |  |  |  |
| Travel expenses |  |  |  |  |
| Wellbeing (e.g. yoga, gym or similar) |  |  |  |  |
| Leisure/Entertainment |  |  |  |  |
| Loan repayments |  |  |  |  |
| Childcare/Dependants |  |  |  |  |
| \* |  |  |  |  |
| \* |  |  |  |  |
| \* |  |  |  |  |
| TOTAL |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Anticipated Income |  |  |  |  |
|  | **Monthly Income** | **Total Income****(for course duration)** | **Any relevant notes** | **For office use only** |
| Pupillage award for 1st Six |  |  |  |  |
| Guaranteed earnings in 2nd Six |  |  |  |  |
| Any additional income likely in 2nd Six |  |  |  |  |
| Drawing down from savings  |  |  |  |  |
| Interest from savings/ investments |  |  |  |  |
| Financial or other material contributions from family or any other sources  |  |  |  |  |
| \* |  |  |  |  |
| \* |  |  |  |  |
| TOTAL |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please calculate your shortfall**(Total Expenses *minus* Total Income) | £ |  | **For office use only** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Existing Indebtedness |  |  |  | Any Anticipated Indebtedness |
|  | ***Amount*** | ***Due date*** |  |  | ***Amount*** | ***Due Date*** |
| Student Loans |  |  |  | Proposed bank loan(s) |  |  |
| \*  |  |  |  | \*  |  |  |
| \* |  |  |  | \* |  |  |
| TOTAL |  |  |  | **TOTAL** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Assets |  |  | For office use only |
|  | ***Amount*** |  |  |
| Property |  |  |
| Savings |  |  |
| Investments |  |  |
| \* |  |  |
| TOTAL |  |  |

**Once you have fully completed all of the relevant sections above, please follow the instructions below. Failure to do so may result in your application not being processed.**

1. Please make sure your Financial Means form fits on two pages only. If you need to change the font size of your comments, or put your comments in the separate box that asks for any other financial information on the previous page, please do so.
2. Print the document, excluding the pages of instructions at the beginning.
3. Write your initials, **BY HAND**, on the bottom of every page, where indicated.
4. Read the declaration below, tick the boxes, then sign and date **BY HAND**.
5. Submit your form as per the instructions provided.

|  |
| --- |
| **DECLARATION***Please tick each box to confirm you have read and understood each statement, then sign and date the declaration.*By signing this document;[ ]  I declare that the above particulars are true in all respects, and I will inform the Inn of any changes to my circumstances that occur while my application is being considered[ ]  I confirm that I am a member of Middle Temple[ ]  I confirm that I am currently undertaking pupillage at the Bar of England and Wales[ ]  I confirm that it is my intention to practise at the Bar of England and Wales**Signature** ……………………………………………………………  **Date** ……………………… |

*The personal data provided on this form, together with your references, will be used for the purpose of considering your application for a pupillage support grant. Your personal data will be retained or destroyed in accordance with the Inn‘s policies, as amended from time to time.  The result of your application will be recorded on your Middle Temple record.  Details of the personal data processing carried out by the Inn and your rights in respect of that processing can be found on the website at* [*www.middletemple.org.uk*](http://www.middletemple.org.uk)*.*

**EQUALITY AND DIVERSITY MONITORING QUESTIONNAIRE**

In line with the Inn’s Equal Opportunities Policy and Code, the Inn collects the information below so that the effectiveness of the Policy and Code can be assessed. The ethnic origin categories provided are those suggested by the Equality and Human Rights Commission. This information is used for the purpose of monitoring the effectiveness of and compliance with the Policy and the Code and for research. It may be disclosed to the Bar Council and/or Bar Standards Board for monitoring and research purposes. There is no obligation to provide this information and failure to provide it will not affect any application. However, information about disability may also be used, where appropriate, to assess the need for the provision of reasonable adjustments for the purposes of addressing such disability.

**Please note that the pupillage support grant panel is not given a copy of this questionnaire.**

|  |
| --- |
| 1. WHAT IS YOUR ETHNIC GROUP?*Choose one section from (a) to (f) and click on one box to indicate your cultural background* |
| a) White: | [ ]  British | [ ]  Irish |
| [ ]  Any other White background (write details below)\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |
| b) Mixed: | [ ]  White and Black Caribbean | [ ]  White and Black African | [ ]  White and Asian |
| [ ]  Any other mixed background (write details below)\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| c) Asian or Asian British: | [ ]  Indian | [ ]  Pakistani | [ ]  Bangladeshi |
| [ ]  Any other Asian background (write details below)\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| d) Black or Black British: | [ ]  Caribbean | [ ]  African |
| [ ]  Any other black background (write details below)\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| e) Chinese or other ethnic group: | [ ]  Chinese |
| [ ]  Any other background (write details below)\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| f) Unwilling to supply [ ]   |

|  |  |  |
| --- | --- | --- |
| 2. Please indicate whether you are: | [ ]  Male | [ ]  Female |

|  |  |
| --- | --- |
| 3. If you are disabled\*, please tick this box | [ ]   |

|  |  |
| --- | --- |
| 4. What is your nationality? |  |

|  |  |
| --- | --- |
| 5. What is your date of birth? |  |

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| --- | --- | --- |
| 6. I consent to the supply of this information to the Bar Council / Bar Standards Board for the purposes described above. | [ ]  YES | [ ]  NO |