



European Lawyers' Programme (ELP) 2018 Application Form

Please complete all sections of this form in ENGLISH (please include this form, with your CV and certificates, in a single PDF file).

1. PERSONAL DETAILS

Surname: _____
First name(s): _____
Nationality: _____

2. CONTACT INFORMATION

Address: _____

Phone (including country code): _____
Email: _____

3. PRESENT EMPLOYMENT

Employer/Organisation: _____
Current job title: _____
Work address: _____



4. PRESENT RESPONSIBILITIES

What are the responsibilities/duties in your current job?

5. RELEVANT WORK EXPERIENCE

Please give dates and details of all your other law-related work experience, starting with the most recent.

6. UNIVERSITY EDUCATION AND PROFESSIONAL QUALIFICATIONS

Please give details of your university education and professional qualifications in chronological order, starting with the most recent.

Institution	University Degree / Professional Qualification	Dates	Grades	Tuition in English? (Yes/No)

7. FURTHER QUESTIONS RELATING TO YOUR APPLICATION

What is your proposed career development in your own country? _____

Do you have any knowledge of UK and/or Scots law? If yes, please give details.

In order of preference, which areas of law and legal practice are you most interested in?

8. LANGUAGES

Which languages do you speak? Please state level of fluency (i.e. Basic/Working knowledge/Fluent)

9. HOBBIES AND INTERESTS

10. YOUR AREA OF INTEREST

Please note that during the ELP, you may be asked to give a 30 minutes presentation on a legal topic of your choice. The topic should have cross-border interest, i.e. which would be of interest to lawyers in jurisdictions other than your own. Please explain what topic you would like to suggest and why this would be of interest to lawyers across Europe.

11. REASONS FOR APPLYING

Please state your objectives in applying for the ELP.

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12. REFEREES

Please give details of two referees in support of your application. We may contact them during the selection process.

Referee 1

Referee 2

Name: _____	Name: _____
Job Title: _____	Job Title: _____
Organisation: _____	Organisation: _____
Capacity in which you know the referee: _____	Capacity in which you know the referee: _____
Email: _____	Email: _____
Phone: _____	Phone: _____

13. HEALTH

Do you have any special medical, physical or dietary needs? If yes, please specify.

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14. DISCLOSURE

The European Lawyers Association (ELA) will use the information you have given on this form to assess you for the ELP, and if you are successful the details will be used to administer the ELP.

Your information will be passed to the Faculty of Advocates and may be passed to any other person or organisation involved in your training or placement during your stay in Edinburgh. It will not be disclosed to any other third parties.

15. EQUALITY AND DIVERSITY

The ELA is committed to promoting equal opportunities in the recruitment of candidates for the ELP. You and any other applicants will receive equal treatment regardless of age, disability, gender reassignment, marital or civil partner status, pregnancy or maternity, race, colour, nationality, ethnic or national origin, religion or belief, sex or sexual orientation.

DECLARATION

I declare that the above statements are true and accept that my participation in the ELP may be brought to an end if any statement proves to be false.

I confirm that if selected I will be released from my present employment or otherwise be available for the full duration of the ELP in Edinburgh.

I undertake that if I am offered a place on the ELP, I will participate fully and will spend the whole of the relevant period in Edinburgh.

I consent to the processing of my personal data by the ELA and/or the Faculty of Advocates as stated in paragraph 14 above.

Signature	Date / /
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OPTIONAL COMMENTS