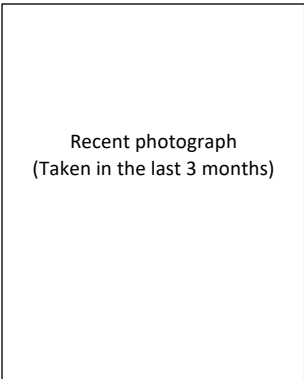




Date of application: ___/___/20__

PART ONE: Personal Details

Full name: _____
 Chinese name (if applicable): _____
 Residency status in Hong Kong SAR: _____
 Date of birth: _____
 Sex: _____
 Primary language: _____
 Other languages: _____
 Contact number: _____
 Email address: _____



PART TWO: Education and Qualifications

As part of your application please include a copy of your transcripts from all tertiary education.

Current PCLL education institution: _____

List all completed degrees/diplomas/certifications in both law and in other areas:

Postgraduate/other professional qualifications (if any):

PART THREE: Scholarships, Prizes, Awards and Honourable Mentions

List all scholarships, prizes, awards and honourable mentions:



PART FOUR: Experience

If you have completed a pupillage, mini-pupillage or internship at Gilt Chambers or any other Chambers or Solicitor’s firms please indicate where and the period of time during which this occurred:

List any other work experience, positions or responsibility (these may be outside of law):

PART FIVE: Pupillage Details

Indicate your desired dates for pupillage, and preferred pupil master(s), if any:

List any other confirmed pupillages to be undertaken:

Chambers and Pupil Master:	Dates:
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PART SEVEN: Late Application

(If your application is outside the deadline period, please provide detailed reasons. Late applications will only be accepted at Chambers' discretion)

PART EIGHT: Personal Information Use and Collection Statement

1. The personal information collected via this form, in any subsequent interview, and by any other means in connection with this application will be used for the purposes of assessing your pupillage application with Gilt Chambers.
2. Your application may be discussed with your stated education provider, and with other Chambers you have listed under experience.
3. As set out in the Personal Data (Privacy) Ordinance (Cap. 486), you have right to access and amend the personal data you provided.
4. If you wish to exercise such rights referred to above, please make your request via email to pupillage@giltchambers.com and ensure you clearly state in your email your full name, date of application, and the amendments required.

DECLARATION

I confirm that the contents of this form are true at the time of application and to the best of my knowledge. I also acknowledge that I have read, understood, and agree with the Personal Information Use Collection Statement above.

Name	Signature	Dated
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