**PUPILLAGE ADMINISTRATION**

**APPLICATION TO REGISTER A PERIOD OF PUPILLAGE/WORK-BASED LEARNING**

Forms completed by hand must be completed in **block capitals** using **blue** or **black** ink

Please return this completed form to [pupillageadministration@barstandardsboard.org.uk](mailto:pupillageadministration@barstandardsboard.org.uk)

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| **PUPIL’S CONTACT INFORMATION** | |
| Full name (including Title) |  |
| Contact address |  |
| Contact telephone number |  |
| Email address |  |

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| **PUPILLAGE PROVIDER CONTACT INFORMATION** | |
| Name of Pupillage Provider (PTO / AETO) |  |
| Address(es) at which the pupil will be based |  |
| Contact telephone number |  |
| Email address |  |

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| **DETAILS OF PUPILLAGE TO BE REGISTERED** | |
| **NON-PRACTISING PERIOD (1ST SIX)** | |
| Expected duration - *eg 6 months (or less if a reduction has been granted by the BSB)* |  |
| Start date (DD/MM/YY) |  |
| End date (DD/MM/YY) |  |
| Name(s) of Pupil Supervisor(s): |  |
| **PRACTISING PERIOD (2ND SIX)** | |
| Expected duration - *eg 6 months (or less if a reduction has been granted by the BSB)* |  |
| Start date (DD/MM/YY) |  |
| End date (DD/MM/YY) |  |
| Name(s) of Pupil Supervisor(s): |  |

**FOR COMPLETION BY THE PUPIL**

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| **ROUTE INTO PUPILLAGE** | |
| How did you complete the vocational component of Bar training?  *Bar Professional Training Course (BPTC) / Vocational Bar Training[[1]](#footnote-1) / Bar Transfer Test / Other (please specify)* |  |

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| **BPTC / VBT GRADUATES** | |
| Name of Course Provider |  |
| Student reference number  *(if applicable)* |  |
| Mode of study  *Full Time / Part Time / Distance Learning* |  |
| Course result  *Pass / Fail or BPTC Grade* |  |
| Date completed[[2]](#footnote-2) |  |
| Did you obtain pupillage before starting a BPTC/VBT course? *Y / N* |  |

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| **INN OF COURT MEMBERSHIP** | |
| Inn of Court  *Gray’s Inn / Lincoln’s Inn / Inner Temple /*  *Middle Temple* |  |
| Inn Membership Number |  |
| Date of Call |  |

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| **PREVIOUS EXPERIENCE** | |
| Have you completed any mini pupillages?  *(Please specify provider(s))* |  |
| Have you completed any other legal work experience? |  |

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| **APPLICATION(S) TO THE BSB FOR REDUCTIONS & EXEMPTIONS** | |
| Have you applied to the BSB for a reduction in / exemption from pupillage? |  |
| If yes, what was the outcome? *(if known)* |  |
| Date of decision letter *(if issued)* |  |

**FOR COMPLETION BY THE PUPIL**

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| **PUPILLAGE DETAILS** | |
| Is this the first year you applied for pupillage?  *(If no, please confirm the year(s) of any previous applications)* |  |
| How did you find out about this pupillage? |  |
| Which area(s) of practice will your pupillage be focused on? |  |

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| **PUPIL’S DECLARATION** | |
| By signing this declaration, you are confirming your agreement with the following:   * *The details given are correct and I will notify the Bar Standards Board of any material change in my pupillage arrangements.* * *I will comply with the BSB Handbook.* * *I have been given access to the Bar Qualification Manual and copies of the Pupillage Training Policy and Equalities Policy.* * *I understand that details of my pupillage will be passed to my Inn of Court, for the purpose of arranging my attendance at the compulsory Pupils’ Advocacy Course.* * *I have read the Bar Council’s Privacy Statement*[[3]](#footnote-3) *and understand how my data will be handled.* | |
| **Signature**  *(Please do not type or print name)* |  |
| **Date** |  |

**FOR COMPLETION BY THE PUPILLAGE PROVIDER**

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| **PUPILLAGE PROVIDER DETAILS** | |
| Type of Organisation  *Chambers / Solicitor’s Firm / BSB Entity /*  *Third Sector / Regulatory Body / Public Sector / Private Sector / Other (please specify)* |  |
| Circuit  *Midland / North-Eastern / Northern / Western / South-Eastern / Wales & Chester* |  |
| Do you have a Pupillage Policy Document and Pupillage Programme? *Y / N* |  |
| If yes, has the pupil been provided with copies/access to these documents? |  |
| Do you have an Equalities Policy Document?  *Y / N* |  |
| If yes, has the pupil been provided with a copy/access to this document? |  |

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| **PUPILLAGE ADVERTISING REQUIREMENTS** | |
| Was the pupillage advertised on the Pupillage Gateway website[[4]](#footnote-4)? *Y / N* |  |
| If yes, please confirm the reference number |  |
| If no, have you been granted a waiver from the pupillage advertising requirements? *Y / N* |  |
| If yes, please confirm the date of the waiver decision letter |  |

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| **PUPIL SUPERVISOR(S) DETAILS**  *If the pupil will be allocated more than one pupil supervisor, please answer separately for each supervisor* | |
| Name of Pupil Supervisor(s) |  |
| Date(s) of most recent pupil supervisor training |  |
| Have you supervised a pupil in the last three years? *Y / N* |  |
| Address *(if not based at the Pupillage Provider)* |  |

**FOR COMPLETION BY THE PUPILLAGE PROVIDER**

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| **PUPILLAGE PROVIDER DECLARATION[[5]](#footnote-5)** | |
| By signing this declaration, you are confirming your agreement with the following:   * *The above person has been offered and has accepted a period of pupillage in my chambers / with my employer. (delete as appropriate)* * *The pupillage was advertised in accordance with Part 4C of the Bar Qualification Manual[[6]](#footnote-6) and will be funded in accordance with rC113 of the BSB Handbook.* | |
| **Signature**  *(Please do not type or print name)* |  |
| **Name** |  |
| **Position / Role** |  |
| **Date** |  |

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| **NOTES** |
| **Material Changes**   * Any material changes to a pupillage must be notified to the BSB, either in advance of the change or within seven days of the change taking effect. This includes changes to the named pupil supervisor(s), length of pupillage, physical location of the pupil, etc[[7]](#footnote-7).   **Professional Ethics exam**   * Pupils who commenced training for the Bar from 2020 must complete a BSB exam in Professional Ethics during their pupillage. * Transferring Qualified Lawyers (TQLs) may also be required to take this exam under the terms of their BSB authorisation letter. * Further information about the new Professional Ethics exam is available on our [website](https://www.barstandardsboard.org.uk/training-qualification/becoming-a-barrister/pupillage-component/intro-of-professional-ethics-assessment.html).   **Pro Bono work**   * Following successful completion of the non-practising period, pupils entering the practising period pupillage may undertake pro bono work with **Advocate**. |

1. ie courses of Bar training commencing in 2020 or later. [↑](#footnote-ref-1)
2. This will usually be the date that you passed a Vocational Component Bar Training Course/BPTC. If you have been exempted from the Vocational Component by the Authorisations Team, please give the date that you passed the Bar Transfer Test or the date on which you were notified that you were exempt from the Bar Transfer Test. [↑](#footnote-ref-2)
3. See <https://www.barstandardsboard.org.uk/privacy-statement.html> [↑](#footnote-ref-3)
4. See <https://recruitment.pupillagegateway.com/members/index.php> [↑](#footnote-ref-4)
5. This declaration must be signed by the Head of Chambers or other person authorised by the Head of Chambers in the case of a pupillage in chambers. For a pupillage in employment, it should be signed by a person authorised by the employer. [↑](#footnote-ref-5)
6. Compliance with the pupillage advertising requirements is a condition of authorisation of an Authorised Education and Training Organisation (AETO) seeking to deliver work-based learning/pupillages. [↑](#footnote-ref-6)
7. Any material changes to pupillage arrangements must be notified to the Bar Standards Board using the notification of material change form. These include a change of home or pupillage address, a change in pupil supervisor, a change in the date of commencement and/or proposed end date of pupillage or a change in location due to a pupillage secondment. Advice should be sought from the Bar Standards Board if there is uncertainty as to whether other changes are material. [↑](#footnote-ref-7)