

**Pupil Supervisor Reference Form [Form B]**

Please **type** in the boxes below using **Arial font size 11 pt**. Please click on a checkbox to tick/untick. Do **not** complete by hand

|  |  |
| --- | --- |
| **Full Name of Applicant:** |  |

|  |  |
| --- | --- |
| **Full Name of Referee:** |  |

**Position/Status of Referee:**

[ ]  Head of Chambers

[ ]  Senior Lawyer Employed in the Same Organisation

[ ]  Master of the Bench of [select as appropriate]

 [ ]  Middle Temple [ ]  Inner Temple [ ]  Lincoln’s Inn [ ]  Gray’s Inn

[ ]  Queen’s Counsel [ ]  Leader of a Circuit [ ]  Treasury Counsel [Panel A Only]

[ ]  Deputy High Court Judge [ ]  Circuit Judge [ ]  Recorder

[ ]  Other person of comparable standing – please specify below:

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| **Please state how long and in what capacity you have known the above named applicant:** |
|  |

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| --- |
| **Please comment on the nature, scope and content of the applicant’s practice:** |
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| **Please comment on the applicant’s suitability to be a Pupil Supervisor:** |
|  |

**declaration**

|  |
| --- |
| I declare that I am the referee named above and I have supplied and entered the particulars on this form and they are true in all respects. I declare I have received and read in full the applicant’s completed application form [Form A] and find the information contained in the form to be accurate. |
| [Signature] |  |  |
| [ ]  **By checking this box, I confirm my agreement and signature**. |
| [Date] |  |  |

*The information provided in this form will be used for the purpose of considering an application to become a Pupil Supervisor. Full details of the 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)