

**Fox Scholarship Application Form 2020**

Please **type** in the boxes below using **Arial font size 11 pt**. Do **not** complete by hand

|  |  |
| --- | --- |
| Title |  |
| First Name |  | Middle Name(s) |  |
| Surname |  |
|  |  |
| Address |  |
| Telephone Number |  |
| Email Address |  |
|  |  |
| Inn of Court |  |
| Middle Temple MembershipNumber (if applicable) |  |
| Inn Admission Date |  |
| BPTC Provider |  |
| Call Date or expected Call Date |  |
|  |  |
| How did you first hear about the Fox Scholarship? |  |
|  |  |
| Briefly explain why you are applying for the scholarship. Max 300 words. |
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| Please provide details of any other factor of any nature which might count against you and which the Trustees should be aware of in reaching their decision. |
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| Please provide details of any circumstances (e.g. a criminal record of any sort) that might prevent you from obtaining a Canadian visa |
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| I hereby submit my application (including my CV, academic reference and if applicable a reference from Pupil Supervisor or Head of Chambers) for the above named scholarship. I declare that the information I have provided is true in all respects.**Signature** ……………………………………………………………  **Date** ………………………(If this application is submitted by email, by doing so you confirm that the above declaration is true) |

*The information contained in this application form, and any additional information provided will be used for the purpose of considering your application. After the process is complete, the result will be recorded on your membership record. Copies of the application of the successful applicant will be forwarded to the Canadian trustees, who will organise the Canadian placements. The information contained in your application will be processed and held in accordance with the Inn’s data protection policy.*

**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 scholarship interviewing panel is not given a copy of this questionnaire.**

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| 1. WHAT IS YOUR ETHNIC GROUP?*Choose one section from (a) to (f) then mark with an ‘X’ the appropriate 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 ❑ |

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| 2. Please indicate whether you are: | ❑ Male |  ❑ Female |

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

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

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| --- | --- |
| 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 |