

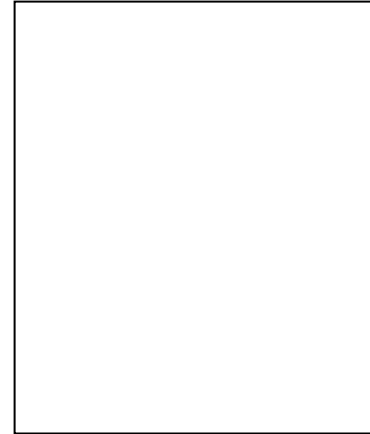


## Mini-Pupillage Application Form

### Notes to applicants:

This application form is to be completed and submitted to the Mini-Pupillage Committee in accordance with the instructions on Chambers' website.

Unless otherwise stated, all parts of the application form must be completed. In support of the information stated in section II, applicants should only attach official transcripts issued by universities or other recognised educational institutions, if any.



(Recent photo - Double-click the thumbnail if you wish to upload an electronic version)

### I. Personal Information

Full name in English: \_\_\_\_\_ Year of birth: \_\_\_\_\_  
Full name in Chinese (if applicable): \_\_\_\_\_ Contact number: \_\_\_\_\_  
Current year of studies/Current occupation: \_\_\_\_\_ Email address: \_\_\_\_\_

### II. Education

Tertiary Institution: \_\_\_\_\_ Degree: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Overall CGPA: \_\_\_\_\_  
Class rank (if available): \_\_\_\_\_

Tertiary Institution: \_\_\_\_\_ Degree: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Overall CGPA: \_\_\_\_\_  
Class rank (if available): \_\_\_\_\_

Secondary Institution: \_\_\_\_\_ Qualification: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Results: \_\_\_\_\_

Secondary Institution: \_\_\_\_\_ Qualification: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Results: \_\_\_\_\_



## Mini-Pupillage Application Form

### III. Work Experience

Name of Firm/Chambers/Company or Organisation: \_\_\_\_\_

Period: \_\_\_\_\_ Name of supervisor: \_\_\_\_\_

Work nature: \_\_\_\_\_

Name of Firm/Chambers/Company or Organisation: \_\_\_\_\_

Period: \_\_\_\_\_ Name of supervisor: \_\_\_\_\_

Work nature: \_\_\_\_\_

Name of Firm/Chambers/Company or Organisation: \_\_\_\_\_

Period: \_\_\_\_\_ Name of supervisor: \_\_\_\_\_

Work nature: \_\_\_\_\_

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Work nature: \_\_\_\_\_

Name of Firm/Chambers/Company or Organisation: \_\_\_\_\_

Period: \_\_\_\_\_ Name of supervisor: \_\_\_\_\_

Work nature: \_\_\_\_\_



## Mini-Pupillage Application Form

### IV. Scholarships and prizes

Name of scholarship/prize: \_\_\_\_\_

Name of awarding institution: \_\_\_\_\_ Year: \_\_\_\_\_

Description: \_\_\_\_\_

Name of scholarship/prize: \_\_\_\_\_

Name of awarding institution: \_\_\_\_\_ Year: \_\_\_\_\_

Description: \_\_\_\_\_

Name of scholarship/prize: \_\_\_\_\_

Name of awarding institution: \_\_\_\_\_ Year: \_\_\_\_\_

Description: \_\_\_\_\_

Name of scholarship/prize: \_\_\_\_\_

Name of awarding institution: \_\_\_\_\_ Year: \_\_\_\_\_

Description: \_\_\_\_\_

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Description: \_\_\_\_\_

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Name of awarding institution: \_\_\_\_\_ Year: \_\_\_\_\_

Description: \_\_\_\_\_

Name of scholarship/prize: \_\_\_\_\_

Name of awarding institution: \_\_\_\_\_ Year: \_\_\_\_\_

Description: \_\_\_\_\_

Name of scholarship/prize: \_\_\_\_\_

Name of awarding institution: \_\_\_\_\_ Year: \_\_\_\_\_

Description: \_\_\_\_\_

Name of scholarship/prize: \_\_\_\_\_

Name of awarding institution: \_\_\_\_\_ Year: \_\_\_\_\_

Description: \_\_\_\_\_



## Mini-Pupillage Application Form

### V. Mooting and debating experience

Name of competition: \_\_\_\_\_

Role: \_\_\_\_\_ Year: \_\_\_\_\_ Result: \_\_\_\_\_

Name of competition: \_\_\_\_\_

Role: \_\_\_\_\_ Year: \_\_\_\_\_ Result: \_\_\_\_\_

Name of competition: \_\_\_\_\_

Role: \_\_\_\_\_ Year: \_\_\_\_\_ Result: \_\_\_\_\_

Name of competition: \_\_\_\_\_

Role: \_\_\_\_\_ Year: \_\_\_\_\_ Result: \_\_\_\_\_

Name of competition: \_\_\_\_\_

Role: \_\_\_\_\_ Year: \_\_\_\_\_ Result: \_\_\_\_\_

Name of competition: \_\_\_\_\_

Role: \_\_\_\_\_ Year: \_\_\_\_\_ Result: \_\_\_\_\_

Name of competition: \_\_\_\_\_

Role: \_\_\_\_\_ Year: \_\_\_\_\_ Result: \_\_\_\_\_

Name of competition: \_\_\_\_\_

Role: \_\_\_\_\_ Year: \_\_\_\_\_ Result: \_\_\_\_\_

Name of competition: \_\_\_\_\_

Role: \_\_\_\_\_ Year: \_\_\_\_\_ Result: \_\_\_\_\_

Name of competition: \_\_\_\_\_

Role: \_\_\_\_\_ Year: \_\_\_\_\_ Result: \_\_\_\_\_

Name of competition: \_\_\_\_\_

Role: \_\_\_\_\_ Year: \_\_\_\_\_ Result: \_\_\_\_\_

Name of competition: \_\_\_\_\_

Role: \_\_\_\_\_ Year: \_\_\_\_\_ Result: \_\_\_\_\_



## Mini-Pupillage Application Form

### VI. Reasons for application

Please state the reason(s) for your application in no more than 350 words

### VII. Other information (optional)

You may provide further information which may assist your application in the space provided below.



## Mini-Pupillage Application Form

### VIII. Mini-pupillage arrangements

Desired dates for summer or winter mini-pupillage: \_\_\_\_\_

Preference(s) for mini-pupillage supervisor(s): \_\_\_\_\_

Other mini-pupillages or placements to be undertaken with solicitors' firms or barristers' chambers during the same summer or winter period (if applicable):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### IX. Personal information collection statement

1. You are obliged to provide the information requested in all other parts of this application form insofar as the requests apply to you. Failure to provide the information concerned may result in your application not being considered.
2. The personal information that is collected from you in this application form or in any subsequent interview or by any other means in connection with this application will be used for the purposes of assessing your eligibility for mini-pupillage with Rede Chambers.
3. The said information may be disclosed in whole or in part for carrying out the aforementioned purposes to the persons nominated by you herein as referee(s), if any.
4. As provided for in the Personal Data (Privacy) Ordinance (Cap. 486), you have rights of access to and correction of the personal data relating to you that are collected by means of this form and in the course of processing and considering your application herein.
5. If you wish to exercise such rights in relation to the personal data concerned, please make your request to the Mini-pupillage Committee, Rede Chambers, 21/F Jardine House, 1 Connaught Place, Central, Hong Kong

### X. Declaration and Signature

I certify that the contents of this form, and documents attached to this application, are true and complete to the best of my knowledge. I acknowledge that I have read and understood the Personal Information Collection Statement above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_