

Qualifying Employment Application Form for Work Based Learning

Please complete in block capitals in black ink (handwriting), or type using upper and lower case. **Please post the hard copy of this application, with a manual signature, to The Chartered Institute of Legal Executives, Kempston Manor, Kempston, Bedford MK42 7AB.**

1. Personal Details

CILEx membership number

Title: Mr Mrs Miss Ms Other _____

Family name _____

Forenames _____

Address _____

Town _____

County _____ Postcode _____

Daytime telephone number _____

Email _____

Date of birth _____ Gender M F

2. Qualifications

Level 6 CILEx Subjects and/or LPC/BPTC	Dates Passed	Full time (FT) or part time (PT) course?

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3. Area of practice

AREA OF PRACTICE Please tick the boxes below to indicate which area of legal practice you undertake at present.

Civil litigation	Personal injury <input type="checkbox"/>	Debt recovery <input type="checkbox"/>	Housing <input type="checkbox"/>	Employment <input type="checkbox"/>	General litigation <input type="checkbox"/>
Criminal litigation	Defence <input type="checkbox"/>	Prosecution <input type="checkbox"/>			
Family law	Family <input type="checkbox"/>				
Conveyancing	Conveyancing <input type="checkbox"/>				
Public law work	Local authority <input type="checkbox"/>	Government <input type="checkbox"/>	Welfare benefits <input type="checkbox"/>	Immigration <input type="checkbox"/>	
Private client	Estate administration <input type="checkbox"/>	Probate/wills <input type="checkbox"/>			
Corporate	Company <input type="checkbox"/>	Commercial <input type="checkbox"/>			
Legal practice	Practice management <input type="checkbox"/>	Costs/accounts <input type="checkbox"/>			
Crown Prosecution Service	Associate Prosecutor <input type="checkbox"/>				
Other	Please state _____				

TYPE OF PRACTICE Please tick the boxes below to indicate which type of legal practice you work in at present.

Solicitor's firm 0-20 partners <input type="checkbox"/>	Solicitor's firm 20+ partners <input type="checkbox"/>	Licensed conveyancer's firm <input type="checkbox"/>	Non-legal organisation <input type="checkbox"/>
Local authority <input type="checkbox"/>	Government department <input type="checkbox"/>	Law Centre/CAB <input type="checkbox"/>	In house <input type="checkbox"/>
Commercial company <input type="checkbox"/>	Self employed <input type="checkbox"/>	Other legal organisation <input type="checkbox"/>	

Do you undertake Pro Bono work? Yes No

Do you have any police station accreditation? Yes No

Date of full accreditation (day/month/year) _____

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4. Employment

Please complete Section 4 for **each** of the roles you wish to be assessed, e.g. if you have three roles to be assessed, you will need to photocopy and complete Section 4 three times. Please use additional sheets, if necessary.

Employer _____

Address _____

Job title _____

Area of practice _____

Period held from (month/year) _____ To (month/year) _____

Name and qualification of supervisor _____

You must be supervised by a legally qualified person as defined by the Legal Services Act 2007, e.g. Fellow, Solicitor, Barrister, Licensed Conveyancer.

Please provide a description of the nature of the supervision to include: the number of hours each week; the nature of supervision e.g. file review; review of outgoing post, etc.

If you are not directly supervised by a legally qualified person, please explain who supervises your work and what supervision arrangements are in place.

How many hours do you work each week? _____

Has this changed since you started in this role? If so, please state how. _____

Have you had any breaks in this employment, e.g. sick leave, maternity leave, sabbatical? _____

Please provide a reference from your current employer. This should be an **original on headed paper**, dated with a manual signature and from a legally qualified person who has knowledge of your work. If you have been in your current employment for less than 6 months, please provide a further reference from your previous employer in the same format.

5. Duties and Responsibilities

1. Please provide a job description for each role undertaken in this employment.
2. Please break down all duties and responsibilities for each of your individual roles within this organisation. Rather than providing a general description of the work you have dealt with, you need to actually list the tasks that you were **personally responsible** for and provide a line or two actually explaining what has been involved. This should include administration, marketing and all business related activities. Allocate against each duty the approximate percentage of time that is spent on each duty.
3. Have you ever typed from dictation? If so, when did this occur and what amount of time per week did this take?
4. Do you deal with work that includes work of a foreign jurisdiction? If so, please state what jurisdiction and how much time is spent on this.
5. Has this role changed since commencement? If so, please list the different duties and responsibilities, what month and year they changed and how much time was spent on each duty.

5. Duties and Responsibilities (continued)

A large, empty rectangular box with a light blue gradient background, intended for the applicant to describe their duties and responsibilities.

6. Progression in this Role

Explain how your role has progressed and developed from when you started.

1. How has your workload changed?
2. Have you been given additional responsibilities?
3. Do you supervise others?
4. Are you responsible for matters from start to finish? If so, what month/year did this start? You should indicate how many files/matters you have dealt with each year by type and number.

It would be helpful if you provided a timeline detailing your progression, giving month and year when you took on additional duties. Please use additional sheets if necessary.

7. Examples of Work

In your own words, please provide at least 2 examples of specific cases where you have been required to apply the law to a given situation and advised clients. Please give at least 2 examples for each role that you wish to be assessed. Explain the facts of the case (what you were instructed to do), what area of law applies to those specific facts and how you advised the client. Please explain the law you relied upon when providing the advice. You may wish to refer to the clients as Client A, Client B, etc. You do not have to provide supporting documents at this stage.

8. Prior Conduct

ANSWER THE FOLLOWING QUESTIONS - If the answer is yes to any of the questions please provide details.

You must provide an answer to each of the questions 1 to 10 below and sign and date the declaration on page 10. Please read the guidance notes below which explain the following questions.

1 Have you been convicted or accepted a caution in the UK or elsewhere (other than a motoring offence, not resulting in disqualification)? This includes a fixed penalty notice that you failed to pay. Yes No

2 Have you ever been subject to any investigations or proceedings concerning your fitness to practise by any regulatory or professional body (including findings or orders currently under appeal)? Yes No

3 Have you ever been adjudged bankrupt or made a composition with creditors? Yes No

4 Have you ever been removed from being a trustee of a charity, or removed from being concerned with the management or control of a charity. Yes No

5 Have you been removed from office as a member, director or manager of any public body? Yes No

6 Have you been disqualified as acting as a director of a company? Yes No

7 Have you been the subject of a civil judgment? Yes No

8 Has a determination (i.e. a decision) been made by the Legal Ombudsman in the last 12 months against you or your employer in relation to a complaint about your work and/or service? Yes No

9 Have any clients made a complaint about your work and/or service to you or your employer in the last 12 months? Yes No

10 Have you previously declared prior conduct to CILEx Regulation which is different to the declaration you make in this form? Yes No

8. Prior Conduct (continued)

ANSWER THE FOLLOWING QUESTIONS - If the answer is yes to any of the questions please provide details.

If you have answered 'Yes' to questions 1 to 10 on the previous page you must provide details of the circumstances (use a separate sheet if needed); we may request further information.

Please read the Guidance Notes on page 10 which explain the questions on page 8.

A large, empty light blue rectangular area intended for providing details of circumstances.

9. Declaration

I declare that the information given in this form is correct. I understand that once registered as a member of CILEx and/or a CILEx Practitioner I shall be bound by the provisions of the Charter Bye-laws and all other regulations of CILEx for the time being in force, including the CILEx Code of Conduct.

Signed _____ Date _____

10. Guidance Notes

1. A conviction is where you have been found guilty of a criminal offence. A caution is where the police have disposed of the matter against you rather than send your case to the court. A fixed penalty notice is where you have been given a financial penalty by the police. If you have then failed to pay the penalty you must declare it. This declaration is subject to the provisions of the Rehabilitation of Offenders Act 1974. You do not need to declare protected cautions and protected convictions.
2. An order by a regulatory or professional body may have been made where you belonged to another organisation and they disciplined you.
3. A bankruptcy order is where a court has said you are unable to pay your debts. A composition with creditors is where you agree to repay people to whom you owe money.
4. A trustee is someone that has been given responsibility for another person's property.
5. A public body is an organisation whose work is part of the process of Government.
6. A company is any business firm in the private (non-public) sector of an economy, controlled and operated by private individuals (and not by civil servants or government employees).
7. A civil judgment is a court order which states that you owe a debt to someone else and must pay it back. If you have any other civil judgment made against you that involves any matter such as debt, fraud, misrepresentation or conduct, related to the administration of justice, please let us know.
8. Legal Ombudsman determinations relating to complaints that involve you will usually be directed at entities. This question is to enable CILEx Regulation to collect information about the types and numbers of complaint made against CILEx members.
9. This question enables CILEx Regulation to link any previous information provided by you to avoid duplication of information.
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11. Payment method (please tick appropriate box)

Personal cheque* Employer's cheque* Invoice employer

Credit or Debit Card Visa MasterCard

*Make payable to: CILEx

Card Number

Valid from Expiry date Security code

Please provide cardholder details if these differ from the named applicant.

Name

Address

Email

Tel

Signature _____

12. Data Protection Act

Data Protection Act: Fellows' names, and those of their employers, will be published in the Directory of Fellows on the CILEx Regulation website and in other directories which provide information about law firms and lawyers.

The personal data you provide to CILEx or CILEx Regulation will be used by them to consider this application and to enable them to meet their obligations as a professional body and Approved Regulator under the Legal Services Act 2007. We may also share relevant personal data with approved publishers of legal directories and suppliers of membership benefit products, but you or the manager concerned may ask us not to do so by contacting CILEx Regulation on 01234 845770 or emailing info@cilexregulation.org.uk.

In addition to publishing basic information about Fellows on our own website and providing that information to other approved publishers of legal directories, we provide it in a publicly available database where third parties, including operators of comparison websites and other commercial organisations, may access it in reusable form and republish it, alone or in combination with other information. If your manager(s) agree(s) to the inclusion of their details (which may include any publishable disciplinary information) in this database, please tick:

More information about the use we may make of your data is given in our privacy statement at cilexregulation.org.uk. Information about disciplinary matters is only made public in accordance with the CILEx Regulation Publication Policy available at cilexregulation.org.uk.

13. Equality, Diversity and Social Mobility Monitoring Form (optional)

Provision of diversity data in this Form is voluntary. It is up to you to decide whether you wish to disclose it. By doing so, you consent to the data being used to look at issues relating to diversity within qualifying employment and qualification as a CILEx Fellow/Practitioner. This diversity data will not be used while CILEx Regulation considers your application.

Where matters of prior conduct/fitness to own are declared on applications they will be passed to the Investigation Team for approval. In those circumstances, diversity data will also be forwarded but will not be provided to anyone dealing with your declaration at the time of decision making.

Your responses will be anonymised and aggregated to ensure anonymity. The aggregated results will be analysed and reported to the CILEx Regulation Board so the service we provide can be analysed. A summary of the anonymised and aggregated findings may be published.

Please describe your gender identity. Please tick.

Male Female Prefer not to say

Is your gender identity the same as the gender you were assigned at birth? Please tick.

Yes No Prefer not to say

Are you currently pregnant or have you had a baby in the past 12 months? Please tick.

Yes No Prefer not to say

How old are you? Please tick.

Under 25 25-34 35-44 45-54
55-64 65+ Prefer not to say

Do you have a disability? Please tick.

Yes No Prefer not to say

If you have a disability, please tick.

Mental Health Sensory Long-standing Illness
Physical Learning Other
Prefer not to say

13. Equality, Diversity and Social Mobility Monitoring Form (continued)

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Please tick.

Yes No Partly Yes, limited a lot
Yes, limited a little Prefer not to say

Which one of the following best describes your faith/belief? Please tick.

Atheism Islam Sikhism
Christianity Jainism Other (please write) _____
Hinduism Judaism Prefer not to say

How would you describe your ethnic group? Please tick.

Prefer not to say

A - White

British Irish
Any Other White Background (please write) _____

B - Mixed or Multiple Ethnic Background

Asian & White Black African & White Black Caribbean & White Chinese & White
Any Other Mixed Background (please write) _____

C - Asian or Asian British

Bangladeshi Chinese Indian Pakistani
Any Other Asian Background (please write) _____

D - Black or Black British

African Caribbean
Any Other Black Background (please write) _____

E - Other Ethnic Group

Arab Any Other Ethnic Group (please write) _____

13. Equality, Diversity and Social Mobility Monitoring Form (continued)

How would you describe your national identity? Please tick.

English Welsh Scottish Northern Irish
British Prefer not to say Other (please write) _____

What is your first language? Please complete.

Please state _____ Prefer not to say

Which of the following options best describe how you think of yourself? Please tick.

Bisexual Heterosexual/Straight Prefer not to say
Gay Man Gay Woman/Lesbian Other _____

What is your marital status? Please tick.

Married Civil Partnership Other _____
Single Prefer not to say