### The Victorian Bar Equality and Diversity Committee Diversity Internship 2024

##### SCHEDULE 1 - APPLICATION FORM

Please send completed and signed application forms to: [INSERT university contact]

If necessary, add additional pages to this form.

**Applications must be lodged by the Law School. Individual applications are not accepted.**

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| **PERSONAL DETAILS** | |
| NAME: |  |
| ADDRESS: |  |
| TEL: |  |
| EMAIL: |  |

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| **ACADEMIC DETAILS** | |
| UNIVERSITY: |  |
| DEGREE: |  |
| YEARS OF STUDY: |  |
| SECONDARY SCHOOL  (Please include name & year of completion) |  |
| COMPLETED LAW SUBJECTS: |  |
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**Please attach an up-to-date copy of your academic transcript**

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| **CULTURAL BACKGROUND** |
| Please tell us a bit about your cultural background and your family’s background: |
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| Languages spoken: |
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| Is English your first language: **Yes**  or **No** (please circle) |
| Language/s spoken by your family of origin: |
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| **INTEREST IN PRACTISING LAW** |
| Please let us know why you think you might be interested in practising law: |
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| **AREAS OF LAW INTERESTED IN** |
| What areas / law subjects are of interest to you (please provide a brief explanation)? |
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| **CONNECTIONS TO, OR WITHIN, THE LEGAL PROFESSION** |
| Would you substantially benefit from completing the internship because you have limited existing connections with the legal profession? If so, how? |
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| **FINANCIAL CIRCUMSTANCES** |
| Would you benefit from the opportunities offered by the internship because you have experienced past or ongoing financial disadvantage? Please let us know how.  *If you have made a SEAS application, have qualified for reduced fees at university or are in receipt of a scholarship please add the details here.* |
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| **OTHER MATTERS** |
| Please let us know of any other matters that may be relevant to your application |
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| **REFEREES** | |
| You may, if you wish, nominate a referee or referees (no more than two), whom you feel are able to support your application.  *The referees may be personal referees rather than legal or academic referees.* | |
| REFEREE NO. 1  NAME: |  |
| POSITION: |  |
| CONTACT  DETAILS: |  |
| TEL: |  |
| EMAIL: |  |
| REFEREE NO. 2  NAME: |  |
| POSITION: |  |
| CONTACT  DETAILS: |  |
| TEL: |  |
| EMAIL: |  |

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| **NAME OF APPLICANT:** |  |
| SIGNATURE |  |

**☐ Copy of academic transcript attached**