**WORK EXPERIENCE APPLICATION FORM**

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| **Please complete and return to**:Ailsa CameronHR AssistantMorton Fraser MacRoberts LLPQuartermile Two, 2 Lister SquareEdinburghEH3 9GLailsa.cameron@mfmac.com  | **Important points:*** Application form must be completed – typed if possible but must be legible
* No supporting letters or materials are required
* 2 closing dates are:
	+ 30 August 2024
	+ 28 February 2025
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| **List Dates (full weeks) Available for Work Experience in Order of Preference****For 30 August deadline:** Dates will be between 1 October 2024 and 28 February 2025. **For 28 February deadline:** Dates will be between 1 April and 30 August 2025. *There are no placements in March or September*.

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| 1st Choice | 2nd Choice | 3rd Choice | 4th Choice |
| 5th Choice | 6th Choice | 7th Choice | 8th Choice |

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| I am interested in work experience in (please put a "x" in the one which applies):(a) the EDINBURGH office [ ]  (b) the GLASGOW office [ ]  |

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| **SECTION A: Personal Details** |
| Full name:      Address:      Home telephone number:       Mobile number:      Email address:       |

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| **SECTION B: Qualifications Obtained** |
| Name and Address of School:      What year are you currently in at school?       (NB: You must have completed 4th year)Qualifications obtained (or prelim results):-

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| **Subject** | **Level** | **Grade** | **Year** |
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Any additional qualifications:         |

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| **SECTION C: Your Interest in the Law** |
| **1. Why do you want to study Scots law? (no more than 100 words)** |
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| **2. Tell us about a legal case reported by the media during the last 6 months which was of interest to you and why (no more than 200 words)** |
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| **SECTION D: Marketing** |
| Where did you hear about Morton Fraser MacRoberts? (please tick one box only - the initial source which made you enquire further) [ ]  My family are clients of the Firm[ ]  School teacher or career advisor[ ]  Recommendation from a friend[ ]  Recommendation from a partner/employee of the Firm[ ]  General Web Search[ ]  Other, please specify |

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| **SECTION E: Equal Opportunties** |
| **1. Disability**We require to ask some questions regarding disability which may assist us in determining whether any reasonable adjustments are necessary.The Equality Act 2010 defines a disability as a “physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to day activities”. An effect is long-term if it has lasted, or is likely to last, over 12 months. Do you consider yourself to have a disability under the Equality Act?Yes [ ]  No [ ] If you answered “Yes” above, please give brief details of your condition:**2. Ethnic Group**This information will be used solely for monitoring purposes.I would describe myself as (please tick one box)white [ ]  black [ ]  asian [ ]  mixed [ ]  other [ ]   |

**DATA PROTECTION:**

I confirm that to the best of my knowledge the information given on this form is correct.

**Signed:** **Date:**