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# Residential Bursary Application Form

# LLG Spring Conference – Bristol, 06 June 2025

## Applicant Details

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  |  |  |
|  | First name | Surname |  |  |  |

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| --- | --- | --- |
| Local Authority |  |  |
|  | Please provide the name of the local authority you are employed by |  |

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| --- | --- | --- | --- |
| Phone |  | Email |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is your local authority an LLG Member? | YES | NO | Do you require accommodatio**n**? | YES | | NO | |
| **Are you an LLG Member?** | **YES** | **NO** | **Do you have any accessibility requirements?** | **YES** | **NO** | |
| Are you able to commit to attending both days, with Day 1 being an in-person event? | **YES** | **NO** | **Do you have any dietary requirements?** If yes, please state here: | **YES** | | **NO** | |

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| --- | --- | --- | --- | --- | --- |
| Have you attended an LLG Conference before? | YES | NO | Is this your first application for an LLG bursary placement? | YES | NO |

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| *LLG Membership No.* |  | Date qualified (or expected qualification date) |  |

**Please note that dinner on Friday, 06 June 2025 *is included* in the bursary.**

## Placement Questions

**Why do you want to attend the Spring Conference 2025?** Max 300 words.

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**What do you think you will get out of attending the Spring Conference 2025?** Max 250 words.

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**Please tell us anything about yourself that you think is relevant to your application.** Max 250 words.

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## Data Protection

All of the information collected in this form is necessary and relevant to the performance of bursary placement application. Lawyers in Local Government will treat all personal information with the utmost confidentiality and in line with current data protection legislation. We rely on lawful processing to process the information provided by you in this form.

Should you be unsuccessful or successful in your application, the information provided, and further information which will be gathered at the relevant time, will be subsequently used for the administration of your bursary placement.

For more information on how we use information please see our Data Protection Policy here.

## Declaration

I confirm that the above information is complete and correct and that any untrue or misleading information will give Lawyers in Local Government (LLG) the right to terminate any bursary offered with immediate effect. I understand that any offer of bursary placement is subject to LLG being satisfied with the results of a series of relevant checks as so required. I give my express permission for the information supplied in this application to be used solely for this process.

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| Signature: |  | Date: |  |

**Equality & Diversity**

LLG is committed to equal opportunity for all candidates regardless of background. As such, LLG is collecting information on ethnic diversity and disability in order that we are able to guarantee that our bursary placements is truly representative of our society and that we have a diverse community of candidates that then translates into an equally diverse and vibrant community of participants.

**Please tick a box which best describes your ethnic group or background:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **White** | |  |  | 1. **Mixed/Multiple Ethic Groups** | | | | |  |
|  | English/Welsh/Scottish/Northern Irish/British |  |  | White & Black Caribbean | | | | |  |
|  | Irish |  |  | White & Black African | | | | |  |
|  | Gypsy/Traveller/Roma |  |  | White & Asian | | | | |  |
|  | Jewish |  |  |  | | | | |  |
|  | Any other white background, please specify: |  |  | Any other Mixed/Multiple ethnic background, please specify: | | | |  | |
|  |  |  |  |  | | | | |  |
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| 1. **Asian/Asian British** | |  |  | 1. **Black/African/Caribbean** | | | | |  |
|  | Indian |  |  | African | | | | |  |
|  | Pakistani |  |  | Caribbean | | | | |  |
|  | Bangladeshi |  |  | Any other Black/African/Caribbean background, please specify: | | | | |  |
|  | Chinese |  |  |  | | | | | | |
|  | Sikh |  |  | | | | | | | |
|  | Any other Asian background, please specify: |  |
|  |  |  |
|  | | | | |
| 1. **Other Ethnic Group** | |  | 1. **Prefer not to say** | | |  | | | | |
|  | Arab |  |  |  | | | | |  |
|  | Any other ethnic group, please specify: |  |  |  | | | | |  |
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**Do you consider yourself to have a disability?**

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| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | Prefer not to Say |

**If yes, tell us about your disability.**

**Do you require any special adjustments that you would like us to be aware of?**

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| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |