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# National Work Experience Week 2025 Application Form

##  Applicant Details

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

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| Address: |  |  |
|  | Street name |  |

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|  |  |  |  |
|  | City |  | Postcode |

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| Phone: |  | Email |  |

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| Do you require a permit to work in the UK? | YES[ ]  | NO[ ]  | Do you have a computer, internet connection and a quiet workspace? | YES[ ]  | NO[ ]  |
| **Are you able to travel if allocated in a hybrid placement?** \*This will be a maximum of 25 miles. | **YES****[ ]**  | **NO****[ ]**  | **Are you available between 9am and 5pm, Monday to Friday, in the week commencing 30 June 2025?** | **YES****[ ]**  | **NO****[ ]**  |

## Secondary Education

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| Subject |  | Level |  | Grade |  | Year |
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##  University Education

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| Name of University: |  |
| **Degree(s):** |  |
| **Year(s):** |  | Graduate? | **YES [ ]**  | **NO [ ]**  |

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| Subject |  | Grade |  | Year  |
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## Previous Employment or Work Experience

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| Employer: |  |

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| --- | --- |
| Responsibilities: |  |

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| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

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| Employer: |  |

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| Responsibilities: |  |

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| From: |  | To: |  | Reason for Leaving: |  |

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| Employer: |  |

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| Responsibilities: |  |

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| From: |  | To: |  | Reason for Leaving: |  |

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## Statement

**In 500 words, please tell us why a career practising law in local government would suit you?** Please feel free to record a 60 second vlog to support your application.

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## Additional questions

**What are your hobbies / interests and how do they relate to your plans for the future?** 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 the work experience position applied for. We will use the information provided by you on this form, and the educational institutions with whom we may undertake to verify your qualifications with, for acceptance on the work experience week only. 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 either your work experience placement and/or in relation to any legal challenge which may be made regarding our selection recruitment practices.

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 work experience offered with immediate effect. I confirm that I have not used artificial intelligence (AI) tools to write any of my answers, that are intended to be my own words. I understand that this will be treated as plagiarism; LLG uses AI-detecting technology and reserves the right to dismiss your application where appropriate. I understand that any offer of a work experience 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 recruitment 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 work experience week 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:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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: |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 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: |  |  |  |  |
|  |  |  |  |  |  |

**Do you consider yourself to have a disability?**

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:** |  |