Pupillage Foundation Scheme (PFS)

Application Form

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| First name |  | |
| Last name |  | |
| Lincoln’s Inn Membership Number |  | |
| Date completed BPTC |  | |
| Grade attained for BPTC |  | |
| Type of practice(s) you are interested in | Criminal  Civil  Family | *Please give further breakdown within these categories if you wish, eg, property law, tax law, personal injury, etc* |
| Contact email: |  | |
| Mobile phone number: |  | |
| Address:  (where papers can be sent to you, if necessary) |  | |
| Date of former Pupillage Gateway application  (A copy of your Pupillage Gateway application must be submitted when you register; this can be emailed. |  | |