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 | CriminalCivilFamily | *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.  |  |