

Your Contact Details

Name:.....

Roll Number:

Address:.....

.....

Phone: Fax:.....

E Mail:.....

Year of Scheme under which you were funded:.....

Your Training Contract

Start Date:..... End Date.....

Full Time/ Part Time.....

Areas of Law Undertaken.....

At least 50% legal aid work completed annually (Yes/No).....

Current Salary.....

Your Commission Period

(If you are currently completing your training contract, please leave this section blank)

Start Date:..... End Date.....

At least 30% legal aid work completed annually (Yes/No).....

Current Salary.....

Your Employer

Name:.....

Start Date of employment:.....

If you are no longer employed by the organisation who received the grant please provide details:

Previous Firm.....

Start Date:..... End Date.....

Reason for this move.....

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