

**Personal Details Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Leigh Day collects and processes your personal data as part of our recruitment process. The firm is committed to meeting its data protection obligations and to being transparent about how it collects and uses your personal data as well as how and when it deletes or destroys your information once it is no longer required. For further information please see the candidate privacy notice on the website or available from HR. | | | | | | | | |
| Role applying for | | |  | | | | | |
| Reference | | |  | | | | | |
| For Solicitors only | | | Admission Date: | | | Roll No: | | PQE: |
| Do you have the right to work and live in the UK? | | Yes | | |  | | | |
| No | | |  | | | |
| If yes, please check the box that applies to you | | UK citizen or resident | | |  | | | |
|  | | Visa holder | | |  | | | |
|  | | Visa expiry date (if applicable) | | |  | | | |
| If you are currently a visa holder please provide details of the type of visa that you currently hold, and any restrictions you may have | |  | | | | | | |
| Notice period | | One calendar month | | | | | | |
|  | | |  | | |  | |  |
| **Applicant Information** | | | | | | | | |
| First name | | |  | | | | | |
| Middle name(s) if any | | |  | | | | | |
| Surname | | |  | | | | | |
| Preferred name  (This name will be used for all of our systems and IT profile) | | |  | | | | | |
| Pronouns (optional) | | |  | | | | | |
| Address | | |  | | | | | |
| Town/City | | |  | | | | | |
| Postcode | | |  | | | | | |
| Contact number | | |  | | | | | |
| Email address | | |  | | | | | |
| **Reference Checks** 5 Years of referee details required, one of whom should be your most recent employer. WE Do not ACCEPT PERSONAL REFERENCES oR EMAIL ADDRESSES (e.g. no gmail / hotmail etc). | | | | | | | | |
| Referee 1 |  | | | Referee 2 | | |  | |
| Reference type (Please delete as applicable): | Academic / Employment | | | Reference type (Please delete as applicable): | | | Academic / Employment | |
| Company name |  | | | Company name | | |  | |
| Name |  | | | Name | | |  | |
| Email |  | | | Email | | |  | |
| Your relationship with the referee |  | | | Your relationship with the referee | | |  | |
| Referee 3 |  | | | Referee 4 | | |  | |
| Reference type (Please delete as applicable): | Academic / Employment | | | Reference type (Please delete as applicable): | | | Academic / Employment | |
| Company name |  | | | Company name | | |  | |
| Name |  | | | Name | | |  | |
| Email |  | | | Email | | |  | |
| Your relationship with the referee |  | | | Your relationship with the referee | | |  | |
| *Please Note: We will be contacting your referees only in the event of us making an offer and you accepting it.* | | | | | | | | |

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| --- | --- | --- | --- | --- |
| **PREVIOUS APPLICATIONS, PLACEMENT & EMPLOYMENT** | | | | |
|  | | YES | NO | If yes, please comment |
| Are you currently / previously working / worked at Leigh Day? | |  |  |  |
| **Disability** | | | | |
|  | | YES | NO | Prefer not to say |
| The Equality Act 2010 defines disability as a physical or mental impairment that has a substantial and long-term (i.e., more than 12 months) adverse effect on a person’s ability to do normal daily activities. Do you consider yourself to be disabled within the definition of the Equality Act 2010? | |  |  |  |
| **Where did you First come across this vacancy?** | | | | |
| Leigh Day website | |  | | |
| Job board (please specify) | |  | | |
| Social media (please specify) | |  | | |
| Recommendation by Leigh Day staff / word of mouth (please specify) | |  | | |
| Other (please specify) | |  | | |
| **CONSENT TO CONSIDER YOU FOR FUTURE OPPORTUNITIES** | | | | |
| **Future Opportunities** If you would like us to keep your application on file in order to be considered for other suitable opportunities at Leigh Day please tick the box below.  I consent to Leigh Day processing and retaining my personal data (CV and contact details) so that I may be contacted regarding potential future vacancies.  Information will be deleted after 12 months. | | | | |
| **Declaration** | | | | |
| Please tick this box to declare that all the information given in this application is, to the best of your knowledge, complete and correct. You understand that if you are employed and any of the information you have provided is false, your contract may be terminated. | | | | |
| Date |  | | | |
| Print Name |  | | | |