

**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 applied to | |  | | | | |
| For Solicitors only | | Admission Date: | | Roll No: | | PQE: |
| **Applicant Information** | | | | | | |
| Full name | |  | | | | |
| Address | |  | | | | |
| Town/City | |  | | | | |
| Postcode | |  | | | | |
| Contact number | |  | | | | |
| Email address | |  | | | | |
| **Reference Checks** 2 referee details required, one of whom should be your most recent employer. WE CANNOT ACCEPT PERSONAL REFERENCES oR EMAIL ADDRESSES (SUCH AS HOTMAIL OR GOOGLE ADDRESSES). | | | | | | |
| Referee 1 |  | | Referee 2 | |  | |
| Reference type (Please delete as applicable): | Academic / Character /  Employment | | Reference type (Please delete as applicable): | | Academic / Character /  Employment | |
| Company name |  | | Company name | |  | |
| Name |  | | Name | |  | |
| Address |  | | Address | |  | |
| Telephone |  | | Telephone | |  | |
| 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) | |  | | |
| **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 |  | | | |