

DX 2514 Winchester
Tel: 07788 636067 mail@westerncircuit.co.uk

## "THE BUTTERFIELD SCHOLARSHIP"

## **APPLICATION FORM**

1	Chambers: Address: Email: Telephone:	
2	Chambers is an approved Training Organisation	Yes / No
3	Month/Year in which pupillage is expected to commence	
4	Approximate number of pupillages offered in the last 3 years	
5	Approximate number of tenancies offered in the last 3 years	
6	Approximate number of pupil supervisors in chambers	

7	Name of proposed pupil supervisor (if known)	
8	Award/Income which will be guaranteed by Chambers to the pupil in second six months of pupillage	

I,	[print name]		declare	that
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- I am duly authorised to make this application on behalf of Chambers;
- the information provided above is true to the best of my knowledge and belief:
- Chambers would not otherwise be taking a pupil or this additional pupil to undertake predominantly publicly funded work.

On behalf of Chambers I undertake that in the event of an award being made, Chambers will;

- continue to self-fund the number of pupillages (if any) which it has habitually or had intended to provide;
- apply the award provided by the Western Circuit solely for the purpose of providing an additional pupillage;

<ul> <li>ensure that the requirements set out within the criteria are adhered to.</li> </ul>
On behalf of Chambers I agree that Chambers will repay any funding provided by the Western Circuit should any of the information provided within this application be incorrect, or for the purpose of this application not be fulfilled.
Signature:
Date:
Head of Chambers Signature: