BHISHO SOCIETY OF ADVOCATES

APPLICATION FOR PUPILLAGE

GENERAL INFORMATION

Thank you for your interest in undertaking pupillage with the Bhisho Society of Advocates.

Pupillage is a period of practical training designed to prepare prospective advocates for independent practice in accordance with the Constitution, Rules and policies of the Society.

Applicants are requested to complete this application in full and ensure that all required supporting documentation accompanies the application.

No application will be considered by the Bar Council unless the application is fully completed, all required supporting documentation has been submitted and Annexure A (Pupillage Application Checklist) accompanies the application.

The Bar Council reserves the right to request such additional information or documentation as it considers necessary before determining an application.

Submission of this application does not constitute acceptance into the pupillage programme.

PERSONAL PARTICULARS

Full Names	
Identity Number	
Date of Birth	
Gender	☐ Female ☐ Male
Residential Address	
Postal Address (if different)	
Cellular Number	
Email Address	

ACADEMIC QUALIFICATIONS

Please provide details of all academic qualifications obtained.

Qualification	Institution	Year Obtained

PROFESSIONAL STATUS

Date of Admission as a Legal Practitioner (if applicable)	
Division of the High Court	
Legal Practice Council Registration Number	
Current Employment	
Current Bar (if applicable)	

EMPLOYMENT AND LEGAL EXPERIENCE

Please provide details of your employment and/or legal experience.

_____

_____

_____

_____

_____

_____

PREVIOUS BAR MEMBERSHIP AND PUPILLAGE

Have you previously been a member of a Bar or undertaken pupillage?

☐ Yes ☐ No

If 'Yes', please provide details:

_____

_____

_____

_____

_____

PROPOSED COMMENCEMENT OF PUPILLAGE

Preferred commencement date

_____

Are you available to commence on the prescribed date if required?

☐ Yes ☐ No

PUPIL MENTOR PREFERENCE

If you have a preferred pupil mentor, please indicate below. The Bar Council is not bound by this preference.

Preferred Pupil Mentor

_____

PRACTICE INTENTIONS

Intended place(s) of practice

_____

_____

_____

Preferred approved chambers (if any)

_____

Please note: The indication of a preferred set of approved chambers does not constitute an allocation or guarantee of availability. Allocation remains subject to the approval of the Bar Council.

WHY DO YOU WISH TO UNDERTAKE PUPILLAGE WITH THE BHISHO SOCIETY OF ADVOCATES?

Please briefly set out your reasons for applying for pupillage with the Bhisho Society of Advocates.

_____

_____

_____

FITNESS AND PROPER PERSON DECLARATION

Please answer the following questions by ticking the appropriate box.

Have you ever been convicted of a criminal offence?	☐ Yes ☐ No

If 'Yes', please provide details:

Have you ever been declared insolvent?	☐ Yes ☐ No

If 'Yes', please provide details:

Have you ever been struck from the roll of any profession or been subject to professional disciplinary proceedings?	☐ Yes ☐ No

If 'Yes', please provide details:

Is there any matter which may affect your fitness to undertake pupillage?	☐ Yes ☐ No

If 'Yes', please provide details:

REFERENCES

Please provide at least one professional or character reference. A second reference is optional.

Reference 1 (Compulsory)

Name	
Occupation	
Relationship to Applicant	
Telephone Number	
Email Address	

Reference 2 (Optional)

Name	
Occupation	
Relationship to Applicant	
Telephone Number	
Email Address	

DECLARATION

I declare that the information contained in this application and all supporting documentation submitted in support of it is true and correct to the best of my knowledge and belief.

I understand that the Bar Council may require such further information or documentation as it considers necessary before determining this application.

I acknowledge that submission of this application does not constitute acceptance into the pupillage programme.

Signed at	
On this ____ day of _____ 20____	
Signature of Applicant	
Full Names	

ANNEXURE A

PUPILLAGE APPLICATION CHECKLIST

This checklist must accompany every application for pupillage. No application will be considered by the Bar Council unless it is fully completed and accompanied by all required supporting documentation.

APPLICANT CHECKLIST

Tick	Requirement
☐	Completed and signed Application for Pupillage.
☐	Certified copy of Identity Document.
☐	Curriculum Vitae.
☐	Certified copies of all academic qualifications.
☐	Proof of Legal Practice Council registration (where applicable).
☐	Copy of Order of Admission (where applicable).
☐	Proof of current employment (if applicable).
☐	Letters of Good Standing from any Bar of which the applicant is, or has been, a member (where applicable).
☐	At least one compulsory reference provided.
☐	Any additional documentation required by the Constitution, Rules or requested by the Bar Council.

APPLICANT'S CONFIRMATION

I confirm that this checklist is complete and that all applicable supporting documentation accompanies my application.

Applicant	
Signature	
Date	

BAR COUNCIL ADMINISTRATION

Item	Completed / Notes
Application received	
Application complete	
Supporting documentation verified	
References verified	
Application placed before the Bar Council	
Decision: Approved / Declined / Deferred	
Pupillage commencement date	
Pupil Mentor allocated	
Comments	
Secretary	