



## JUDICIAL WORK SHADOWING SCHEME APPLICATION FORM

Please complete this form in BLOCK CAPITALS.

**Note:** Please complete carefully as any gaps in your application may cause delay in arranging your shadowing placement.

### 1. Personal details

Title:

Professional surname:

Surname (if different from professional surname):

Forenames in full:

The name by which you prefer to be known:

Date of birth (DD/MM/YY):

Mobile number:

Daytime telephone number:

Email Address:

Address:

## 2. Legal Qualification

Please state your legal qualification:

## 3. Career History

Please give brief details of your career history for the last 5 years, including the areas of law in which you have built up expertise. Please limit your description of professional experience to 300 words:

## 4. Work shadowing

How many days would you prefer to work shadow?:

Do you have a preferred location to work shadow: for example sheriffdom or court?

Please indicate any preferences for the type of work you want to experience, or any specific objectives you have (e.g. sheriff and jury work). Please note that we cannot guarantee that you will see this type of work, but we will make every effort to achieve it:

## 5. Availability

Please state suitable dates for placements over the next six months:

## 6. Reasonable adjustments for disabled applicants

If you have a disability, please indicate if you have any particular requirements. Reasonable adjustments will be made for applicants with disabilities:

Please sign, or type your name if submitting electronically:

Date:

Please email the completed form to: [JudicialOfficeforScotland@scotcourts.gov.uk](mailto:JudicialOfficeforScotland@scotcourts.gov.uk)

Alternatively you may post it to:

Strategy & Governance Branch  
Judicial Office for Scotland  
Parliament House  
Edinburgh  
EH1 1RQ

## **Equality of opportunity monitoring form - Section A**

We would welcome your support in helping us do this by completing the form. If you do not wish to complete this form, please tick the box in part B. **The information provided will be held in confidence. It will be used for statistical purposes only and does not form part of the application process.**

**1. Gender:**

**2. Ethnicity:**

**3. Professional background:**

**4. Disability**

**Please complete this section to help us monitor the effectiveness of our disability equality policy and help us to develop good practice for the future. Disability is a physical or mental impairment, which has a substantial and long- term adverse effect on a person's ability to carry out normal day-to-day activities.**

**Do you consider yourself to have a disability or a long-term health condition?**

**If yes, please give details:**

## **Section B**

**I do not wish to declare the diversity information set out on this form:**