**Work Experience Application Form** **- 2025**

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| **Name**  |  |
| **Current School Year**  |  |
| **Date of birth** |  |
| **Address**  |  |
| **Postcode**  |  |
| **Contact Email**  |  |
| **Contact Phone Number**  |  |

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| Why do you want to complete work experience at Old Square Chambers? MAX 500 WORDS  |
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| What sets you apart from other applicants? MAX 500 WORDS  |
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| Should Social Media be subject to censorship? MAX 500 WORDS This is a chance to show your persuasive and critical thinking skills. Please don’t Google the answer! |
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Please submit this form to hunter@oldsquare.co.uk

Thank you,

Old Square Chambers