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| **Section 1: Personal Information** |
| **Last Name:** | **Click here to enter text.** |
| **First Name & Middle Name(s):** | **Click here to enter text.** |
| Current Level (General Crime List): |   |
| **Bar Number - 5 digits (if applicable):** | **Click here to enter text.** |
| **SRA Number – 6 digits (if applicable):** | **Click here to enter text.** |

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| **Section 2: Current Chambers, Solicitors Firm or Government Department** |
| **Name of Chambers/Solicitors Firm/Government Department:** | **Click here to enter text.** |
| **Work Address:** | **Click here to enter text.** |
| Correspondence Address:*(if different from above)* | **Click here to enter text.** |
| E-mail Address: | **Click here to enter text.** |
| **CJSM E-mail Address:** | **Click here to enter text.** |

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| **Section 3: Circuit** |

**Please list your current first and second Circuits.**

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| **First Circuit:** | **Choose an item.** |
| **Second Circuit (optional):** | **Choose an item.** |

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| **Section 4: Rape & Serious Sexual Offences Training** |

**Please provide details, including dates, of any Rape and/or Serious Sexual Offences (RASSO) training you have received. Please note: to join the RASSO List, attendance at a CPS accredited course in relation to Rape and Sexual offences within the last 3 years is mandatory. Thereafter, accredited RASSO Refresher training must be completed every 4 years.**

***Maximum of 250 words*.**

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| **Click here to enter text.** |

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| **Section 5: Examples of your Work** |

**All information you provide in the following sections will be treated in confidence.**

***Please note: Sensitive information must be anonymised. Inclusion of identifying sensitive case information will result in a score of 0 for the relevant section.***

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| **Section 5a: Consent, Myths & Stereotypes** |

**Please provide examples of your experiences of dealing with consent, myths and stereotypes.**

**Maximum of 400 words.**

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| **Click here to enter text.** |

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| **Section 5b: Awareness of CPS policies in relation to Rape & Serious Sexual Offences** |

***Please provide an overview of your understanding of the CPS policies in relation to Rape & Serious Sexual Offences.***

***Maximum of 400 words.***

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| **Click here to enter text.** |

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| **Section 5c: Medical & Forensic Science** |

***Please provide examples of your experiences of dealing with medical and forensic science in relation to sexual offences.***

***Maximum of 400 words.***

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| **Click here to enter text.** |

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| **Section 6: Referee** |
| **Name:** | **Click here to enter text.** |
| **Job Title/Position:** | **Click here to enter text.** |
| **Address:** | **Click here to enter text.** |
| **Town/City:** | **Click here to enter text.** |
| **Postcode:** | **Click here to enter text.** |
| **E-mail Address:** | **Click here to enter text.** |
| **Telephone No:** | **Click here to enter text.** |

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| **Section 7: Application Checklist** |

**Reference Form attached** [ ]

**Or**

**Reference Form to be sent under separate cover** [ ]

**Sensitive information has been redacted** [ ]

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| **Section 8: Declaration** |

***I declare that the information contained in this form is true and complete. The drafting and examples provided are my own. If any statement is found to be false or misleading, or if I have withheld relevant information, or copied the work of others, then my application may be disqualified or I may be removed from the Panel.***

***I confirm that I have read, and will work in accordance with, the*** [***Advocate Panel Members’ Commitment***](https://www.cps.gov.uk/advocate-panels/advocate-panels-2020-panel-general-crime-and-rape-list)***. (Please cross the box to accept)*** [ ]

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| --- | --- |
| **Name:** | **Click here to enter text.** |
| **Date** | **Click here to enter text.** |