

## Application Form

**Send to:**           **The Secretary**  
                  **Douglas Wilson Advocacy Scholarship Trust**  
                  **P O Box 5041**                               **DX SP20202**  
                  **Wellington 6145**                               **Wellington**

**Or submit  
via email:**       **dwast@lawsociety.org.nz**

- Note:**
- 1     Details included in this application are confidential and will be destroyed if your application is not successful.
  
  - 2     All applications (except any relating to the *NZLS CLE Ltd Litigation Skills Programmes*) must be received **no later than 15 working days** before the beginning of the course or programme you would like to attend. If the course or programme is to be held in more than one centre then you must apply 15 working days before the beginning of the first session.
  
  - 3     Applications for the *NZLS CLE Ltd Litigation's Skills Programme, Advanced Litigation Skills Programme* and *Expert Witness Programme* must be received **by 5pm on the day applications for assistance close**. Note that this date is shown on the course brochure and may be a different date from the closing date for applications for the course itself.
  
  - 4     **Late applications will not be accepted.**
  
  - 5     It is the expectation of the trustees that applicants and/or their employer will make some contribution themselves to the cost of attending programmes.

### **1. Details of the course for which you are requesting scholarship assistance**

a) Name of course \_\_\_\_\_

b) Date of first session \_\_\_\_\_

c) Date of session you wish to attend \_\_\_\_\_

d) Course fee \_\_\_\_\_

**2. Name**

Mr/ Mrs/ Miss/ Ms \_\_\_\_\_

Address (if different from the address of your firm below)

\_\_\_\_\_  
\_\_\_\_\_

Age \_\_\_\_ Email \_\_\_\_\_ Mobile # \_\_\_\_\_

**3. Employer/Firm details**

Name and address and type of your firm/organisation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of lawyers employed in your firm/organisation

\_\_\_\_\_

**4. Please circle which practice type applies to you:**

Barrister sole

Employed barrister

Employed barrister and solicitor

Barrister and solicitor practising on own account

**5. Length of time since admission** \_\_\_\_\_

**6. Length of time at present employment:**

\_\_\_\_\_

**7. Finance**

7 a) Your income: Current year \$ \_\_\_\_\_ Prior year \$ \_\_\_\_\_

**Note: Barristers sole and lawyers practising on their own account as sole practitioners or in partnership or an incorporation should show their personal drawings – i.e. their earnings after practice expenses have been taken out but before personal tax. Employed lawyers should state their salaries (before tax).**

7 b) Other household income: Current year \$ \_\_\_\_\_ Prior year \$ \_\_\_\_\_

7 c) Is your practice or the practice where you are employed registered for GST?

Yes ( ) No ( )

**8. Dependants:**

Number \_\_\_\_\_

Name	Relationship	Age	Income (per annum)

**9. Will you receive a salary or drawings while you are attending this programme?**

Yes ( )                      No ( )

**10. Will the time you spend on this programme be counted against your annual holiday time?**

Yes ( )                      No ( )

**11. Please describe other expenses involved in attending the course and show estimated amount:**

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**12. Have you received financial assistance from the Douglas Wilson Advocacy Scholarship Trust previously for any course?**

Yes ( )                      No ( )

a) If yes, please provide details of the extent of the assistance received, when you receive it, and for what purpose:

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**13. Have you applied for any other financial assistance in relation to attending this course?**

Yes ( )                      No ( )

If yes, please provide details:

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**17.Amount of scholarship assistance requested:**

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**18. If you receive a grant from the Trust, you will be notified by email with an attached letter and the grant will be paid to you by Electronic Funds Transfer.**

**Please provide your bank account details below (including bank name, account name and account number):**

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*Privacy Statement: The personal information that you provide with this form is collected and will be held by the Douglas Wilson Advocacy Scholarship Trust (The Trust) for assessing your application and in accordance with the purposes of the Trust's Deed, and the Privacy Act 2020. By signing this form you consent to the sharing of information with the provider of the course or programme for which you are applying for assistance, in order to clarify any matters relating to your attendance at that course or programme.*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE NOTE – THIS IS NOT A COURSE APPLICATION.**

You must submit a registration or application form for the programme separately from this application for financial assistance.

**LATE APPLICATIONS WILL NOT BE CONSIDERED**