

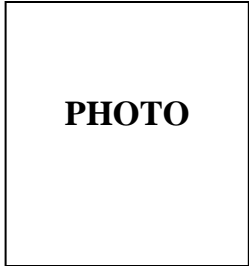


# COUNCIL OF LEGAL EDUCATION

APPLICATION FOR ADMISSION  
to the

## TWO-YEAR PROGRAMME EUGENE DUPUCH LAW SCHOOL

P.O. BOX SS-6394  
Rosetta Street  
Nassau, The Bahamas



**N.B.: READ ALL INFORMATION before completing this form.**

### INSTRUCTIONS:

Complete **ONE (1) copy** of this form and return it to the Registrar, Eugene Dupuch Law School by **NO LATER THAN JANUARY 31** of the year of proposed entry. **Incomplete or Illegible Forms or accompanying certificates and documents which have been altered WILL NOT BE PROCESSED. Type or use a ball-point pen. TWO (2) PASSPORT-SIZE PHOTOGRAPHS** and the **APPLICATION FEE** SHOULD ACCOMPANY THE COMPLETED APPLICATION FORM. Please **PRINT AND SIGN YOUR NAME AT THE BACK OF THE PHOTOGRAPH.**

PLEASE ASK THE REFEREES (TWO ARE REQUIRED) TO COMPLETE THE ENCLOSED FORMS AND RETURN THEM TO THE REGISTRAR **AT THE END OF FEBRUARY OF THE APPLICATION YEAR.** ORIGINAL REFERENCES **MUST BE SUBMITTED,** EITHER BY POST OR HAND DELIVERED, EVEN IF SENT VIA FAX OR EMAIL. **REFEREES MUST KNOW APPLICANTS FOR AT LEAST THREE (3) YEARS.**

HAVE YOU PREVIOUSLY APPLIED FOR ENTRY TO THE TWO-YEAR OR SIX-MONTH LEGAL EDUCATION CERTIFICATE COURSE?

YES  NO  DATE APPLIED: \_\_\_\_\_ UWI.I.D. #: \_\_\_\_\_  
(if applicable)

### SECTION A: - Details of Applicant

**PLEASE PRINT YOUR NAME EXACTLY AS IT APPEARS ON THE DOCUMENT PROVIDING PROOF OF YOUR FULL LEGAL NAME E.G. (BIRTH CERTIFICATE – CERTIFIED)**

LAST NAME FIRST NAME MIDDLE NAME(S)

Mr.  Mrs.  Miss.  Ms.  Dr.

PREVIOUS LAST NAME (IF CHANGED) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS HOME ADDRESS (if different from mailing address)

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

TELEPHONE NUMBERS WHERE APPLICANT CAN BE CONTACTED:

OFFICE: \_\_\_\_\_ HOME: \_\_\_\_\_ MOBILE: \_\_\_\_\_ FAX: \_\_\_\_\_

SEX: MALE  FEMALE  DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YEAR MONTH DAY

MARITAL STATUS: SINGLE  MARRIED  SEPARATED  DIVORCED

COUNTRY OF BIRTH: \_\_\_\_\_ COUNTRY OF PERMANENT RESIDENCE: \_\_\_\_\_

YEARS: FROM \_\_\_\_\_ TO \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

ARE YOU A NATIONAL OF ANY OTHER COUNTRY? YES  NO

IF YES, PLEASE LIST BELOW

(A) : \_\_\_\_\_

(B) : \_\_\_\_\_

(C) : \_\_\_\_\_

NATIONALITY TO BE CONSIDERED FOR PURPOSE OF REGISTRATION: \_\_\_\_\_  
(You **MUST** submit documentary evidence to support the status under which you wish to be considered)

NAME OF NEXT OF KIN/EMERGENCY CONTACT AND RELATIONSHIP TO APPLICANT \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBERS: OFFICE: \_\_\_\_\_ HOME: \_\_\_\_\_ MOBILE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BY TYPING MY FULL NAME BELOW, I AUTHORISE THE LAW SCHOOL TO CONTACT THE NAMED PERSON IN THE EVENT OF AN EMERGENCY.

\_\_\_\_\_  
APPLICANT'S FULL NAME

**SECTION B - Additional Information**

**Medical Conditions / Disabilities**

Please state any physical, mental or other disability/medical condition including any which might necessitate special arrangements or facilities.

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

(Note: The Law School reserves the right to request a medical report on the condition(s) stated.)

**SECTION C - Educational Background**

INSTITUTION ATTENDED	YEARS ATTENDED (GIVE DATES)	QUALIFICATIONS OBTAINED OR QUALIFICATIONS EXPECTED (GIVE DATES)
Undergraduate Level (Law)	FROM - TO	
Other Degrees	FROM - TO	
Postgraduate Qualification	FROM - TO	

**SECTION D - Other Information**

Further personal information  
e.g., publications, career aspirations, achievements, hobbies, interests, etc.: \_\_\_\_\_

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

## SECTION E - Employment

### Employment in the Legal Field:

Names and Addresses of up to Four (4) most recent employers ( <i>beginning with the most recent</i> )	Nature of employment	From	To

### Other Employment:

Names and Addresses of up to Four (4) most recent employers ( <i>beginning with the most recent</i> )	Nature of employment	From	To

## SECTION F - Good Character

APPLICANTS FOR ADMISSION TO PRACTICE LAW ARE REQUIRED TO BE OF GOOD CHARACTER. THE FOLLOWING QUESTIONS ARE DESIGNED TO ENABLE THE LAW SCHOOL TO DETERMINE WHETHER THE APPLICANT IS OF GOOD CHARACTER. IF THE ANSWER TO ANY QUESTION IS AFFIRMATIVE, GIVE FULL PARTICULARS ON A SEPARATE SHEET OF PAPER WITH YOUR SIGNATURE AND YOUR NAME IN PRINT.

1. HAVE YOU EVER BEEN FOUND GUILTY OF ANY OFFENCE UNDER ANY STATUTE IN ANY JURISDICTION?  
 YES  NO   
 (PLEASE EXCLUDE TRAFFIC OFFENCES.)
  
2. HAS JUDGMENT EVER BEEN ENTERED AGAINST YOU IN ANY ACTION INVOLVING FRAUD?  
 YES  NO
  
3. ARE THERE ANY OUTSTANDING CIVIL JUDGMENTS AGAINST YOU?  
 YES  NO
  
4. HAVE YOU EVER DISOBEYED ANY ORDER OF ANY COURT REQUIRING YOU TO DO OR TO ABSTAIN FROM DOING ANY ACT?  
 YES  NO
  
5. HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT?  
 YES  NO
  
6. HAVE YOU EVER BEEN SUSPENDED, DISQUALIFIED, CENSURED OR DISCIPLINED AS A MEMBER OF ANY PROFESSIONAL ORGANISATION?  
 YES  NO
  
7. HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY POST-SECONDARY EDUCATIONAL INSTITUTION?  
 YES  NO

## SECTION G - Application Fee

THERE IS A **NON-REFUNDABLE** APPLICATION FEE OF **BSD\$50**. PAYMENT CAN BE MADE BY **CASH** OR A **MANAGER'S CHEQUE/DRAFT** MADE PAYABLE TO THE **EUGENE DUPUCH LAW SCHOOL**. THIS FEE INCLUDES THE COST OF PROCESSING OF THE APPLICATION AND PREPARATION MATERIAL AND **MUST** ACCOMPANY THE COMPLETED APPLICATION FORM. **PERSONAL CHEQUES OR COMPANY CHEQUES WILL NOT BE ACCEPTED**. APPLICATIONS SUBMITTED WITHOUT THE RELEVANT FEE **WILL NOT** BE PROCESSED.

## SECTION H - Declaration

BY TYPING MY FULL NAME BELOW, I DECLARE I HAVE READ THE INFORMATION SHEET AND CERTIFY THAT THE INFORMATION GIVEN BY ME IS, TO THE BEST OF MY KNOWLEDGE, TRUE, COMPLETE AND CORRECT. I UNDERSTAND THAT ANY MISREPRESENTATION OR MATERIAL OMISSION OF FACT ON THIS OR ANY OTHER DOCUMENT REQUIRED FROM ME BY THE COUNCIL OF LEGAL EDUCATION MAY BE CONSIDERED AS CONSTITUTING GROUNDS FOR DISCIPLINARY MEASURES INCLUDING SUMMARY EXPULSION.

APPLICANT'S FULL NAME:

DATE:

**NOTE:** THE COUNCIL OF LEGAL EDUCATION REQUIRES THAT AN OFFICIAL **FINAL** TRANSCRIPT OF ALL PREVIOUS AND CURRENT COLLEGE OR UNIVERSITY WORK **TOWARDS A LAW DEGREE**, BE SENT **DIRECTLY** TO THE **REGISTRAR, EUGENE DUPUCH LAW SCHOOL** BY THE AWARDED INSTITUTION. **CERTIFIED PROOF OF NATIONALITY IS REQUIRED OF ALL STUDENTS** E.G. **BIRTH CERTIFICATE**

I \_\_\_\_\_ HAVE ENCLOSED\* THE FOLLOWING DOCUMENTS WITH MY APPLICATION. TICK THE BOX THAT APPLIES:

- TWO (2) PASSPORT PHOTOGRAPHS
- CERTIFIED PROOF OF NATIONALITY
- FINAL LLB TRANSCRIPT (\*to be sent directly from the institution, addressed to the Registrar, Eugene Dupuch Law School)
- CERTIFIED COPY OF LLB CERTIFICATE
- REFERENCES     ONE             TWO

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### FOR OFFICIAL USE:

DATE RECEIVED: \_\_\_\_\_

VERIFICATION OF PAYMENT:

DECISION/REMARKS: \_\_\_\_\_  
\_\_\_\_\_

DOCUMENTS RECEIVED: \_\_\_\_\_  
\_\_\_\_\_

ACTION: \_\_\_\_\_  
\_\_\_\_\_

REGISTRAR: \_\_\_\_\_

DATE: \_\_\_\_\_

## REFERENCE

### NOTES FOR THE GUIDANCE OF REFEREES

The referee's report is an important part of the selection process. It would be of great assistance if you could provide a reference in the space overleaf, certifying the applicant's fitness for admission to a Law School. Referees must know the applicant for **at least three (3) years**.

The Regulations require that a person so certifying must be one of the following:

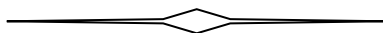
- (i) a Judge of a Superior Court; or
- (ii) an Attorney-at-Law who has been admitted to practice for at least **three years**; or
- (iii) a Magistrate with a minimum of **three years'** experience; or
- (iv) a Principal of an Educational Institution; or
- (v) a Medical Officer who has been registered to practice for at least **three years**.

**The Referee must also state the number of years they have held their current position.**

Any information provided will be held in confidence and used only for admission purposes.

Once you have completed this reference form, please send it directly to:

**The Registrar  
Eugene Dupuch Law School  
P.O. Box SS-6394  
Rosetta Street  
NASSAU, THE BAHAMAS**



# REFERENCE

PLEASE COMPLETE BY WRITING IN BLACK INK,  
BALL-POINT OR BY TYPING

(PLEASE SEE GUIDANCE OVERLEAF)

NAME OF APPLICANT: \_\_\_\_\_  
(PLEASE PRINT)

NUMBER OF YEARS YOU HAVE KNOW THE APPLICANT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME:  
(PLEASE PRINT) \_\_\_\_\_

POSITION: \_\_\_\_\_

LENGTH OF TIME IN POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

STAMP OF AUTHORISATION



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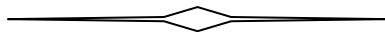
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SIGNATURE: \_\_\_\_\_

NAME:  
(PLEASE PRINT) \_\_\_\_\_

POSITION: \_\_\_\_\_

LENGTH OF TIME IN POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

STAMP OF AUTHORISATIONS

