



## Bar Vocational Course/ Bar Exam Application Form

The Judiciary of Seychelles

PLEASE COMPLETE IN CAPITAL LETTERS

<b>Application for:</b>			
Bar Vocational Course		Bar Exam	

### APPLICANT'S DETAILS

Mr/ Mrs/ Ms/ Miss	<b>Name(s)*</b> <i>(As appear on your ID card)</i>	<b>Surname*</b>
	<input type="text"/>	<input type="text"/>
<b>NIN*</b>	<b>Date of Birth*</b>	
<input type="text"/>	<input type="text"/>	
<b>Mobile*</b>	<b>Work Tel*</b>	
<input type="text"/>	<input type="text"/>	
<b>e-mail Address*</b>	<input type="text"/>	
<b>Address*</b>	<input type="text"/>	
	<b>Employment</b>	
	Government Sector	<input type="checkbox"/>
	Private Sector	<input type="checkbox"/>
	Full-time Student	<input type="checkbox"/>
	Unemployed	<input type="checkbox"/>

### PERSONS TO BE CONTACTED IN CASE OF EMERGENCY

	<b>Full Name*</b>	<b>Relation*</b>	<b>Mobile *</b>	<b>Work*</b>	<b>Home*</b>
1	<input type="text"/>				
2	<input type="text"/>				

### LAW QUALIFICATIONS (Must include the LLB)

<b>Name of Program*</b>	<b>Awarding University*</b>	<b>Country*</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**INVOICING DETAILS (WHO WILL BE PAYING YOUR FEES?)**

Contact Name*	
Tel Number*	
E-mail*	
Address*	

Please state any medical condition you would wish to inform the Judiciary of: \*

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All applicants must submit a copy of the following:

1. Copy of the LLB certificates
2. Certificate of Evaluation by the SQA
3. Copy of the ID Card
4. For funding by the organisation kindly submit a letter of recommendation by the organisation

**Important:**

Your application will be processed only if you have submitted the application form along with all the required documents.

I certify that all the information given above is true.

Applicant's Full Name	Signature	Date
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E-mail: [registrar@judiciary.gov.sc](mailto:registrar@judiciary.gov.sc)

Address: Palais de Justice  
Ile du Port

Tel: +248 4285808

**FOR OFFICIAL USE**

Application Form Checked		Registration Date		Date Paid & Receipt No	
Documents Checked		Student ID			
Remarks					
Name					
Signature				Date	