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DO YOU HAVE A LAW DEGREE?

DID YOU GRADUATE WITH A DEGREE OF AT LEAST A SECOND CLASS UPPER DIVISION (2.1) OR EQUIVALENT?

ARE YOU A QUALIFIED PRACTISING LAWYER IN ANY AFRICAN JURISDICTION WITH A MINIMUM OF THREE YEARS POST QUALIFIED EXPERIENCE (PQE)?

DO YOU PERMANENTLY WORK AND RESIDE IN AN AFRICAN COUNTRY?

ARE YOU OR WILL YOU BE BETWEEN 21 AND 35 YEARS OLD (AT TIME OF PROGRAMME)?

ARE YOU PROFICIENT IN THE ENGLISH LANGUAGE (WRITTEN AND SPOKEN)?

DO YOU HAVE A RECORD OF PERFORMING HIGH QUALITY WORK WHICH CAN BE VERIFIED BY STRONG REFERRALS?

DO YOU HAVE A CLEAR PLAN OF RETURNING TO YOUR HOME JURISDICTION AT THE END OF YOUR SECONDMENT?

ARE YOU COMMITTED TO SHARING THE SKILLS ACQUIRED ON YOUR SECONDMENT WITH OTHERS PARTICULARLY WITHIN YOUR HOME JURISDICTION?

ARE YOU COMMITTED TO DEVELOPING LEGAL SKILLS ACROSS A RANGE OF PRACTICE AREAS AND PARTICIPATING IN ALL ASPECTS OF THE SECONDMENT PROGRAMME?

DO YOU MEET THE REQUIREMENTS SET OUT BY THE BRITISH HOME OFFICE TO OBTAIN A TIER 5 TEMPORARY WORK GOVERNMENT AUTHORISED EXCHANGE VISA?

NAME

PHOTO

PERMANENT ADDRESS

MAILING ADDRESS IS SAME AS PERMANENT ADDRESS

MAILING ADDRESS

PHONE

PREFERRED CONTACT NUMBER

EMAIL ADDRESS

COUNTRY OF CITIZENSHIP

COUNTRY OF RESIDENCY

POSITION

CURRENT EMPLOYER

TYPE OF BUSINESS

BRIEF DESCRIPTION OF MAIN RESPONSIBILITIES

UPLOAD RESUME

UNDERGRADUATE INSTITUTION

UNDERGRADUATE LOCATION

MAJOR FIELD

FROM

TO

DEGREE EARNED

DATE RECEIVED

POSTGRADUATE INSTITUTION

POSTGRADUATE LOCATION

MAJOR FIELD

FROM

TO

DEGREE EARNED

DATE RECEIVED

UPLOAD UNDERGRADUATE TRANSCRIPT

UPLOAD POSTGRADUATE TRANSCRIPT

LIST ALL COUNTRIES OF LAW QUALIFICATIONS

NAME OF COUNTRY WHERE YOU CURRENTLY PRACTICE

IS THE COUNTRY WHERE YOU WORK/PRACTICE DIFFERENT FROM THE COUNTRY WHERE YOU ARE QUALIFIED?

NUMBER OF YEARS QUALIFIED

FIRST CHOICE OF PLACEMENT (DUBAI, LONDON OR PARIS)

SECOND CHOICE OF PLACEMENT (DUBAI, LONDON OR PARIS)

THIRD CHOICE OF PLACEMENT (DUBAI, LONDON OR PARIS)

IF SELECTED FOR THE PROGRAMME, PLEASE SUGGEST 1-3 TRAINING TOPICS FOR YOUR INTEREST TO ILFA

IF SELECTED, YOU WILL REPRESENT YOUR COUNTRY OF ORIGIN. PLEASE NAME YOUR COUNTRY OF ORIGIN:

REFERENCE NAME

EMAIL

PHONE

RELATIONSHIP

NAME

EMAIL

PHONE

RELATIONSHIP

NAME

EMAIL

PHONE

RELATIONSHIP

IS YOUR PERSONAL REFERENCE WILLING TO PROVIDE A REFERENCE IN SUPPORT OF YOUR APPLICATION?

IF SUCCESSFUL IN YOUR APPLICATION ARE YOU OR YOUR EMPLOYER CAPABLE OF CONTRIBUTING TO THE COST TO ATTEND THE ILFA SECONDMENT PROGRAMME

PLEASE PROVIDE A PERSONAL STATEMENT IN SUPPORT OF YOUR APPLICATION

DATE OF BIRTH

AGE

PLACE OF BIRTH

MARRIED

GENDER

RELIGION

DO YOU CONSIDER YOURSELF DISABLED?

TYPE YOUR NAME

SIGNATURE

DATE

PLEASE ENSURE TO SEND THIS DOCUMENT TO ilfaadmin@ilfa.africa BY JANUARY 22, 2025 23:59 (LONDON TIME).