

**Section 1: Personal Information**

Last Name:

First Name & Middle Name(s):

Current Level:

Bar Membership Number *(5 digits)*:

*Enter 'S' if you are a solicitor-advocate*

**Section 2: Current Chambers or Solicitors Firm**

Name of Chambers/Solicitors Firm:

Work Address:

Town/City:

Postcode:

Correspondence Address:

*(if different from above)*

Town/City:

Postcode:

E-mail Address *(CJSM preferred)*:

### Section 3: Rape & Serious Sexual Offences Training

Please provide details, including dates, of any Rape and/or Serious Sexual Offences training you have received.  
*Maximum of 250 words.*

## Section 4: Examples of your Work

*All information you provide in this section will be treated in confidence. Any sensitive information may be anonymised.*

### Section 4a: Consent, Myths & Stereotypes

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

*Maximum of 400 words.*

#### Section 4b: 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.*

#### Section 4c: 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.*

## Section 5: 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.*

*(Please tick the box to accept)*

Name:

Date: