

JIB Volunteer Registration Form

Institute of Legal Executives
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Tel: 01234 841000



Please complete this form if you wish to become a member of the JIB volunteer panel. Where the Bar Pro Bono Unit has a case which fits with your areas of experience and geographical location, they may contact you to see if you are available to help support a nominated Barrister. Full details of the JIB Scheme and how the Unit works with volunteers are available in separate guidance which you will be sent once we receive this form, but which can be obtained before you register by contacting Valerie Robertson at ILEX.

1. Contact details

Surname:			
First name:		Title:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Firm/Employer name:			
Address:			
Postcode:			
DX:			
Tel (day - switchboard):		Tel (day - direct):	
Tel (evening):		Tel (mob):	
Email:		Fax:	

2. Qualification details

My ILEX Registration No. is		and I am a:	
<input type="checkbox"/> Fellow with Advocacy Rights in	Proceedings:		
<input type="checkbox"/> Fellow			
Note: At present, only Fellows may be appointed to the Volunteer Panel.			

3. Insurance

Please tick one of the following boxes:

<input type="checkbox"/> I have no professional indemnity insurance of my own and will not be covered by any other policy (e.g. an employer's policy) and so need to be insured under the ILEX JIB Policy
<input type="checkbox"/> I have my own professional indemnity insurance or my work will be covered by another policy (e.g. an employer's policy). I understand I will not be covered by the ILEX JIB Policy

Note: If you have insurance or will be covered by another policy please supply full details and confirmation of cover. We cannot progress your application without being satisfied professional indemnity insurance is in place.

4. Further information

Please give details of your specialist areas overleaf. If there is any further information relevant to your work or skills which is not covered in the rest of the form (e.g. languages, particular experience/expertise), please give it here:

The JIB Scheme aims to provide a high quality service and seeks to ensure that a volunteer undertaking a case *pro bono* will be of the same expertise and experience as would be the case if the matter were privately funded. Cases taken on through the Scheme must always be given the same care and attention as in a paying case.

5. Specialist areas

Please indicate your specialist areas, limiting your selection to areas in which you have recent or ongoing expertise and which account for a reasonable proportion of your work.

Procedural specialisms

- Arbitration Mediation Adviser Mediator (accredited)

Substantive specialisms

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Admin & Public | <input type="checkbox"/> Criminal | <input type="checkbox"/> Fraud – civil | <input type="checkbox"/> Prison |
| <input type="checkbox"/> Admiralty | <input type="checkbox"/> Criminal injuries | <input type="checkbox"/> Fraud - criminal | <input type="checkbox"/> Private International |
| <input type="checkbox"/> Agriculture & Rural Affairs | <input type="checkbox"/> Criminal judicial review | <input type="checkbox"/> General common law | <input type="checkbox"/> Product Liability |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Damages | <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Professional Negligence |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Data protection / freedom of information | <input type="checkbox"/> Housing | <input type="checkbox"/> Public International |
| <input type="checkbox"/> Banking & Financial Services | <input type="checkbox"/> Defamation | <input type="checkbox"/> Human Rights | <input type="checkbox"/> Real Property |
| <input type="checkbox"/> Betting / gaming / lotteries | <input type="checkbox"/> Disasters | <input type="checkbox"/> Immigration & Asylum | <input type="checkbox"/> Road traffic |
| <input type="checkbox"/> Breach of confidence | <input type="checkbox"/> Disciplinary - health related | <input type="checkbox"/> Inquests & Public Inquiries | <input type="checkbox"/> Security |
| <input type="checkbox"/> Building societies | <input type="checkbox"/> Disciplinary - other | <input type="checkbox"/> Insolvency | <input type="checkbox"/> Shipping |
| <input type="checkbox"/> Canon / Ecclesiastical | <input type="checkbox"/> Discrimination (other than employment) | <input type="checkbox"/> Insurance / Reinsurance | <input type="checkbox"/> Solicitors Costs |
| <input type="checkbox"/> Chancery | <input type="checkbox"/> EC | <input type="checkbox"/> International trade | <input type="checkbox"/> Sport |
| <input type="checkbox"/> Charities | <input type="checkbox"/> Economic torts | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Tax (personal) |
| <input type="checkbox"/> Civil Liberties | <input type="checkbox"/> Education | <input type="checkbox"/> IT | <input type="checkbox"/> Tax (corporate) |
| <input type="checkbox"/> Clinical Negligence | <input type="checkbox"/> Employment & Industrial Relations | <input type="checkbox"/> Landlord and Tenant | <input type="checkbox"/> Tax (VAT and duties) |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Energy & Natural Resources | <input type="checkbox"/> Licensing | <input type="checkbox"/> Technology and construction |
| <input type="checkbox"/> Company | <input type="checkbox"/> Environmental | <input type="checkbox"/> Local Government | <input type="checkbox"/> Torts |
| <input type="checkbox"/> Competition | <input type="checkbox"/> Equity and Trusts | <input type="checkbox"/> Media & Entertainment | <input type="checkbox"/> Trade Union |
| <input type="checkbox"/> Consumer | <input type="checkbox"/> Extradition | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Contract | <input type="checkbox"/> Family - Children | <input type="checkbox"/> Nuisance | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Conveyancing | <input type="checkbox"/> Family - Financial | <input type="checkbox"/> Parliamentary | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Coroners | <input type="checkbox"/> Franchising | <input type="checkbox"/> Partnership | <input type="checkbox"/> Welfare Benefits |
| <input type="checkbox"/> Costs | | <input type="checkbox"/> Pensions | <input type="checkbox"/> Wills & Probate |
| <input type="checkbox"/> Court Martial | | <input type="checkbox"/> Personal injury | <input type="checkbox"/> Other: |
| | | <input type="checkbox"/> Planning | |
| | | <input type="checkbox"/> Police | |

Data Protection Notice

Both ILEX and the Bar Pro Bono Unit will process information about you for its internal use for the purpose of case allocation and to communicate with you in newsletters, emails and other correspondence. Both may receive and evaluate information about you and the outcome of a case from clients or others.

This may also include sending you information about events, fundraising and related organisations. If you would like to be removed from the latter mailing list, please let us know on this form, or at any time by contacting ILEX or the Bar Pro Bono Unit.

Signature

I confirm that I consent to the processing set out above.

Signature:

Dated:

Name (block capitals):

Equal Opportunities

In order to help us monitor the effectiveness of our equal opportunities policy, we ask all panel members to provide the information indicated below. This information will only be used for monitoring and statistical purposes.

Ethnic origin

I would describe my ethnic origin as:

A) White

- English
- Scottish
- Welsh
- Irish
- Other White: _____

B) Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Other Mixed: _____

C) Asian

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian: _____

D) Black

- Caribbean
- African
- Other Black: _____

E) Other

- Any other ethnic background, please describe: _____

F) Would prefer not to indicate

-

Age

Date of birth:

- Would prefer not to indicate

Disability

Do you consider yourself to have a disability? Yes No Would prefer not to indicate

If yes, please tick any of the list below which apply.

- Dyslexic
- Blind / partially sighted
- Deaf / hearing impairment
- Wheelchair use / mobility difficulties
- Need personal care
- Mental health difficulties
- Unseen disability (eg asthma, diabetes, epilepsy)
- Multiple difficulties
- Other: _____
- Would prefer not to indicate