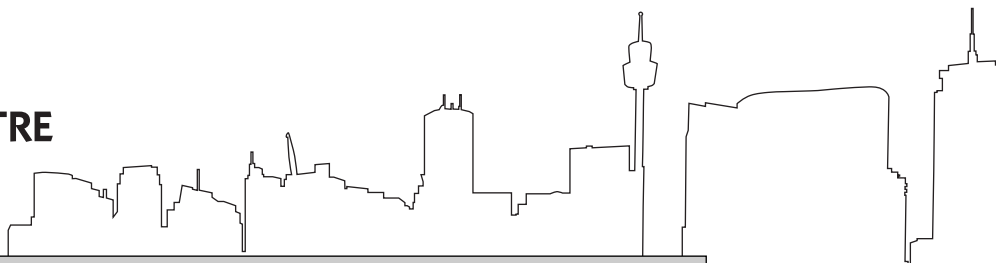


ICLC

INNER CITY LEGAL CENTRE



PRACTICAL LEGAL PLACEMENT APPLICATION FORM

Name: _____

Address: _____

Contact phone number(s): _____

Email: _____

Languages spoken: _____

Briefly explain why you would like to do your placement at ICLC:

Have you previously worked or volunteered in a community legal centre or other community organisation?
(If yes, please specify.)

What areas of legal practice interest you?

When do you wish to start your placement and what days would you prefer to work?

Please provide contact details for two (2) referees:

1. _____

2. _____

Date: _____ **Signature:** _____