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| **BABSEACLE Logo Revised.jpgBABSEACLE Regional Legal Studies Externship Clinic Application Form**  **(Prior to Completing this Form All Applicants Must Confirm They Have Fully Reviewed the Clinic Information Located on the BABSEACLE International Externship Clinic** [**Webpage**](https://www.babseacle.org/international-internship-clinic/) **)** | | | | |
| **Personal Information** |  | **Name:** | | |
| **Sex:** | | |
| **Address:** | | |
| **Email:** | | |
| **Phone No: (Country Code +)** | | |
| **Skype name:** | | |
| **Date of Birth:** | **Passport No:** | |
| **Next of Kin:** | **Relationship:** | |
| **Phone No:** | |
|  | | | | |
| **Education Levels** |  | **Current University:**  **Previous Universities:** | **No. years Studying:** | |
| **Area of major study you are focusing on:** | | |
| **Years of study in legal studies or other program:** | | |
|  | | | | |
| **Other information:** |  | **Languages Spoken: (level)** | | |
| **Specific Dietary Requirements (if any):** | | |
| **Specific Issues or Concerns working in tropical climates:** | | |
| **Specific Health Concerns (if any): *Including travel sickness and allergies*** | | |
| **Specific Dietary Requirements (if any):** | | |
| **Other information:** | | |
|  | | | | |
| **Previous legal and/or social justice work** |  | **Describe previous legal and/or social justice projects you have worked on:** | | |
|  | **Legal Organization/Public Interest/Social Justice/ Education Organizations/ Community-based Organizations:** | | |
| **Describe your responsibilities during this time:** | | |
| **Brief evaluation on your time with this organization:** | | |
| *If more than one organization please submit on separate sheet* | | |
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| **What to include with clinic application** |  | **Application Form** | | |
| **Current Resume** | | |
| **Cover Letter / Statement of purpose (why you want to be in the program and what you feel you can learn and contribute - no more than 300 words)** | | |
| **2 Recommendation/Reference Letters** | | |
| **Writing sample** | | |
| **Photocopy of Valid Passport with expiration date no less than 6 months after the start date of the BABSEA CLE Legal Studies Externship Clinic** | | |
| **Signed copy of Liability Release Waiver** | | |
| **Copy of Health Insurance Policy (can be sent after accepted into clinic)** | | |
| **Copy of Travel/Theft Insurance Policy (optional but recommended: can be sent after accepted into clinic)** | | |
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| **Applying for a partial clinic cost waiver** |  | **For applicants who have both a financial need and a history of being involved in social justice and/or pro bono projects, BABSEACLE will consider providing a limited partial clinic cost waiver. To apply for the partial clinic cost waiver please provide BABSEACLE with the following information:**   * **Proof of financial need** * **Information demonstrating a history of being involved in human rights and/or community service projects** * **A letter requesting the reasons for, and the requested amount of, the partial clinic cost waiver** | | **BABSEACLE Logo Revised.jpg**  [**www.babseacle.org**](http://www.babseacle.org) |
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| Thank you for your interest in our clinic, we will be contacting you soon.  Submit All Application Materials via Email to:  [info@babseacle.org](mailto:info@babseacle.org) [wmorrish@babseacle.org](mailto:wmorrish@babseacle.org) & [blasky@babseacle.org](mailto:blasky@babseacle.org) | | | | |