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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:** |
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| **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:** |
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| **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 wmorrish@babseacle.org & blasky@babseacle.org |