

SUMMER CLERKSHIP APPLICATION

Date:		
First Name:	Middle Name:	Surname:
Preferred Name:	Email address:	
Street Address:		
Suburb:	City:	Postcode:
Home Phone:	Mobile Phone:	
Can you confirm you are lega	ally entitled to work in New Zealand?	Yes No
If yes, what type of identifica	ation could you provide (if requested)?	
What interested you about s	tudying law? What type of law interests you a	nd what courses do you enjoy most?
Have you had any legal work	experience?	
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	g of a Summer Clerk's role? Tell us about tould prepare you for this role.	he practical work experience or academic
What would being appointed	d to this role mean for you?	
What are your interests outs	side of law?	

What is your Grade Point Average?		
When do you graduate?		
How would you contribute to the SRB culture and to our firm if you joined us?		
Provide us with an example of where you made a real difference for one of your customers/clients.		
Describe opportunities you have had to work in a team and what your role was.		
Eligibility Checklist		
□ Are you in your penultimate year of law?		
□ Have you completed all sections of the application form?		
□ Have you attached a statement of grades or transcript?		
□ Have you attached your CV?		
Please send completed application form no later than 5:00pm on Sunday 30 March 2025 to: vacancies@srblaw.co.nz with Summer Clerkship in the subject line.		
SIGNED BY: Candidate's Signature Candidate's Name Date		