

## APPLICATION FORM FOR ASPIRANT WOMEN JUDGES PROGRAMME 2024

## A. PERSONAL DETAILS 1 Surname **Full names** Maiden name 2. **Date of Birth** 3 **Identity number** 4 Citizenship 5 Gender 6 Home address Postal address Work address 8 9 **Email address** 10 Telephone 10.1. Work 10.2. Mobile 10.3. Home (if any) 11 **Marital status B. EDUCATIONAL QUALIFICATIONS**

i. Tertiary qualification		
Institution		
Date obtained		
ii. Tertiary qualification		
Institution		
Date obtained		
iii. Tertiary qualification		
Institution		
Date obtained		
C. OCCUPATIO	N DETAILS	
i. Current occupation		
ii. Number of years occupying position		
PREVIOUS OCCU	IPATION	
i. Previous occupation		
ii. Number of years occupying position		
i. Previous occupation		
ii. Number of years occupying position		
i. Previous occupation		
ii. Number of years in the position		
D. LOWER COURT EXPERIENCE	E (Please mark with an x)	
Criminal Court (yes/no)	If yes, state years	
Civil Court (yes/no)	If yes, state years	
Family Court (yes/no)	If yes, state years	
i. Include a note on actual experience relating to	the above	
ii. Do you have any part heard matters?		
iii. If yes, please indicate the number of such m	natters:	
E. HIGH COURT EXPERIENCE		
i. Have you acted at the High Court? (Yes/No)		

ii.	If yes, provide Division/s and dates:	
iii.	Do you have any part heard matters or reserved judgments?	
iv	If was placed indicate the number of cases:	
iv.	If yes, please indicate the number of cases:	
F.	Have you ever been convicted of any offence involving dishonesty, violence or any other	
(	disreputable conduct?	
•	Yes	
ı	No	
]	If yes, please provide details including type of conduct and date of conviction	
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-		
-		
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G. I	Have you ever been declared insolvent?	
	Yes	
If yes, state year and when were you rehabilitated, if at all:		
•	No If yes, state year and when were you rehabilitated, if at all:	
-		
- -		
- - -		
- - -	If yes, state year and when were you rehabilitated, if at all:	
- - -		
H. C	If yes, state year and when were you rehabilitated, if at all:  COMPLAINTS AND DISCIPLINARY PROCEEDINGS	
- - -	If yes, state year and when were you rehabilitated, if at all:	
H. C	If yes, state year and when were you rehabilitated, if at all:  COMPLAINTS AND DISCIPLINARY PROCEEDINGS  Are there any complaints against you or any disciplinary proceeding/s pending?Yes/No	
H. C	If yes, state year and when were you rehabilitated, if at all:  COMPLAINTS AND DISCIPLINARY PROCEEDINGS	
H. C	If yes, state year and when were you rehabilitated, if at all:  COMPLAINTS AND DISCIPLINARY PROCEEDINGS  Are there any complaints against you or any disciplinary proceeding/s pending?Yes/No  Are there currently any criminal proceedings against you?Yes/No	
H. C	If yes, state year and when were you rehabilitated, if at all:  COMPLAINTS AND DISCIPLINARY PROCEEDINGS  Are there any complaints against you or any disciplinary proceeding/s pending?Yes/No	
H. C	If yes, state year and when were you rehabilitated, if at all:  COMPLAINTS AND DISCIPLINARY PROCEEDINGS  Are there any complaints against you or any disciplinary proceeding/s pending?Yes/No  Are there currently any criminal proceedings against you?Yes/No	

I. MEMBERSHIP OF LAW PROFESSIONAL BODIES		
i. Do you belong to a professional body	Yes	
(legal)?	No	
ii. If yes, please provide name of such body		
J. SUPPORTING DOCUMENTATION		
Please attach the following documents:		
a. Certificate of good standing from the Law Society or the Magistrates Commission or		
recognized Bar Association not older than 3 months. No application will be processed		
without letter of good standing.		
b. Certified copies of academic qualifications.		
c. Court order admitting you as an Advocate or A	Attorney.	
d. If you are a legal practitioner, kindly indicate whe	•	
training sessions without any financial support.		
eranning sessions menoue any imaneiar support		
K. DISCLOSURE		
Please state any information that may adversely affect your application		
L. DECLARATION		
I declare that the abov	e information is true, and I have not	
withheld any information		
Signature		
Date		