**Qualifying Session Waiver Application Form – Student Member**

Please complete the relevant sections of the form below and send it, together with any supporting documents, to the Registrar at [registry@lincolnsinn.org.uk](mailto:registry@lincolnsinn.org.uk). Waivers will only be granted in exceptional circumstances and when documentary evidence has been provided.

The Inn may request further information in support of this application and applicants may be required to attend the Inn to expand on what has been included.

Applications for waivers will be assessed by a panel appointed by the Pre-Call Education Committee. Appeal against the panel’s decision may be made to the Chair of the Pre-Call Education Committee. Their decision will be final.

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| **Surname** | Click or tap here to enter text. |
| **First Name(s)** | Click or tap here to enter text. |
| **Membership Number** | Click or tap here to enter text. |

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| **Waiver** | **A waiver will remove the requirement to attend one or more Qualifying Session.** |
| For how many Qualifying Sessions are you applying to have the attendance requirement waived? | Click or tap here to enter text. |
| Please provide reasons. | Click or tap here to enter text. |
| For which theme/s do you wish to have waivers granted on the basis that you have obtained the necessary skill or knowledge by virtue of previous experience. | Click or tap here to enter text. |
| Please provide reasons. | Click or tap here to enter text. |
| Please list the documentary evidence on which you rely. | Click or tap here to enter text. |

By submitting this application I confirm that the above information is true to the best of my knowledge.

Date Click or tap here to enter text.