

196-198 Water Street, P.O.Box 1028, St. John's, NL, A1C 5M3 Tel: 709-722-4740 Fax: 709-722-8902 Emal: thelawsociety@lsnl.ca

# Everything we do is in the **public interest.**

# **Biographical Information of Individual Seeking Articling Placement**

The Law Society compiles and distributes biographical information regarding individuals seeking articling placements in Newfoundland and Labrador to potential employers, benchers and others who may be able to assist the individual with finding a placement.

#### 1. Personal Information

Preferred Pronouns:

Full Name:

Preferred Name (if different from above):

Telephone:

Email:

City/Town:

Province/State:

Postal Code:

Country:

#### Preference for Articling Location (Check all that Apply)

St. John's and surrounding area

Avalon Peninsula

Eastern Newfoundland

Central Newfoundland

Western Newfoundland

Labrador

### 2. Biographical Information

Your biographical information should include your law school, year of graduation, practice preferences, special interests and qualifications.

## 3. Acknowledgment and Authorization

I authorize the Law Society of Newfoundland and Labrador to release any and all information about me contained in, or attached to, this form. I also authorize the disclosure of any documents submitted electronically in their original form, or as edited by the Law Society of Newfoundland and Labrador, to a bencher or an employer for the purposes of assisting me in my search for an articling placement. I understand that any editing of documents by the Law Society of Newfoundland and Labrador will be restricted to matters of presentation.

I further authorize the Law Society of Newfoundland and Labrador to use any and all information about me contained in, or attached to, this form, or any information submitted electronically for statistical or research purposes.

I understand that I remain solely responsible for finding and securing an articling position.

I understand that I may revoke this authorization at any time, except to the extent that action has already been taken as a result of the authorization. Any further actions may not subsequently be taken without my further written consent.

## **Electronic Signature**

This document may be executed by an electronic signature, which may include a person's digital signature or a person's typed name in the space provided below, and such signature shall have the same effect as a handwritten signature. If the signature is a typed name, the document should be delivered from an email account associated with the person signing in this fashion.

Signature:

Date (dd/mm/yyyy):