



COUNCIL FOR LEGAL EDUCATION

APPLICATION TO UNDERTAKE PRACTICAL LEGAL TRAINING

(COMPULSORY PUPILLAGE TRAINING)

APPLICATION TO UNDERTAKE THE PRACTICAL LEGAL TRAINING IN TERMS OF THE LEGAL PRACTITIONERS ACT [CHAPTER 27:07] AS READ WITH SI 137 OF 1999

PLEASE READ THE FORM CAREFULLY AND COMPLETE ALL SECTIONS

NB: THIS FORM SHOULD BE COMPLETED IN BLOCK LETTERS AND ALL QUESTIONS ARE TO BE ANSWERED IN FULL.

YOU SHOULD ATTACH **CERTIFIED COPIES OF THE FOLLOWING:**

- a) VALID PRACTICING CERTIFICATE
- b) REGISTRATION CERTIFICATE AS LEGAL PRACTITIONER
- c) BIRTH CERTIFICATE
- d) COMPLETED FORM BY PRINCIPAL LEGAL PRACTITIONER
- e) PROOF OF PAYMENT OF NON-REFUNDABLE REGISTRATION FEE AS SET BY COUNCIL FROM TIME TO TIME.

PERSONAL INFORMATION

1. SURNAME: DR/MR/MRS/MISS /MS:

2. FORENAMES:

3. NATIONALITY:

4. DATE OF BIRTH:

5. PERMANENT RESIDENTIAL ADDRESS:

.....

6. CELL NUMBERS:

7. EMAIL ADDRESS:.....

8. APPLICATION TO UNDERTAKE PRACTICAL LEGAL TRAINING

Please indicate the level being applied for and centre required (tick the appropriate box)

LEVEL 1

LEVEL 2

LEVEL 3

CENTRE HARARE BULAWAYO

11. DECLARATION:

IDECLARE THAT THE INFORMATION PROVIDED ON THIS FORM IS TO THE BEST OF MY KNOWLEDGE AND BELIEF ACCURATE AND REFLECTS MY TRUE RECORDS. (AN APPLICANT WHO MAKE FALSE DECLARATION OR WITHHOLDS RELEVANT INFORMATION MAY RISK HIS OR HER APPLICATION BEING REFUSED/DISQUALIFIED BY THE COUNCIL)

DATE: SIGNATURE:

COUNCIL FOR LEGAL EDUCATION (PRACTICAL LEGAL TRAINING/COMPULSORY PUPILLAGE TRAINING)

PRINCIPAL LEGAL PRACTITIONER FORM

I.....of.....
(name)

.....
(law firm and address)

having been a legal practitioner and partner since hereby notify the
(year)

Council for Legal Education that..... is
(name of legal assistant)

employed under me as a legal assistant and undergoing practical legal training
(compulsory pupillage training).

Dated at this.....day of.....2026

Signature and stamp.....