

SECONDMENT APPLICATION FORM

Traineeship Section Law Society of Ireland Blackhall Place Dublin 7

DUBIII DX 79		
Email	traineesection@lawsociety.io	<u>9</u>
Date:		
Re:	(Applicant Name) - Secondn	nent of Indentures of Apprenticeship
(Curre		ing to request permission to go on secondment from ent Firm) to (Proposed Secondment Supervisor) of any)
(Date	secondment to start) to (Date	secondment to finish).
(Reas	on for secondment)	
Applic	cant Signature	Training solicitor/Training Manager signature
Seco	ndment supervisor signature	-