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**PUPILLAGE SUPERVISION AGREEMENT**

THIS AGREEMENT is made the \_\_\_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_\_\_.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Full Name of Trainee)

(NIC No.)

Will be engaged by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(License No.)

(Full Name of Supervisor)

As a Trainee in the Pupillage for the specified term.

2. The Pupillage will take place at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in

(Name of Firm/Office)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City/Island and Address)

3. The Start Date of the Pupillage will be on the following business date: \_\_\_\_\_\_\_\_\_\_, for

a consecutive term of \_\_\_\_\_\_\_\_\_\_\_\_\_ months and \_\_\_\_\_\_\_\_\_\_\_\_ weeks.

4. The Pupillage will be:  Full-time (working \_\_\_\_\_\_hours per week)

Part-time (working \_\_\_\_\_ hours per week)

5. The Supervisor will instruct the Trainee in the practice and profession of law, in accordance with the licensing training program’s core skills, as set out in the Supervisor’s Licensing Training Plan filed with the BCM, to the best of the Supervisor’s ability. The Supervisor will assign work, supervise and mentor the Trainee and administer the licensing training program in accordance with the Legal Profession Act, the BCM Regulations, and the Code of Professional Conduct.

6. The Trainee agrees to participate in the licensing training program as set out above and fulfill all lawful and reasonable instructions under the direct supervision of the Supervisor.

7. The Trainee will be paid the following gross amount:

Nil

The sum of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per Week/Month.

**Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Trainee)

(Signature of Supervisor)