The Honorable Society of King’s Inns

The Maurice Gaffney

Scholarship

APPLICATION FORM 2025

To be returned to: registrar@kingsinns.ie

**The personal data that you provide to King's Inns as part of this form will be processed in accordance with the GDPR (EU) 2016/679 and the Irish Data Protection Acts 1988-2018. You are responsible for informing King's Inns of any subsequent changes to your personal data. For further information about how your personal data will be processed, please see our Data Protection Statement at** [**https://www.kingsinns.ie/dataprotection**](https://www.kingsinns.ie/dataprotection)

DEADLINE FOR APPLICATIONS

Please complete your application in full, attaching all the required and supporting documentation, and return it to: registrar@kingsinns.ie

All applications must be received by **1 July 2025.**

The personal data that you provide to King's Inns as part of this form will be processed in accordance with the GDPR (EU) 2016/679 and the Irish Data Protection Acts 1988-2018. You are responsible for informing King's Inns of any subsequent changes to your personal data.

This application is used to assess students for the Scholarship and is received with the utmost confidence. All personal data supplied on this application will be stored securely and processed only for the purpose of the application process and any related legal studies course.

For further information about how your personal data will be processed, please see our Data Protection Statement at <https://www.kingsinns.ie/dataprotection>

Criteria for Shortlisting Candidates

1. Candidate’s academic ability and capacity for study at a higher level.
2. Motivation for undertaking the course
3. Personal circumstances and background
4. Financial circumstances

The Maurice Gaffney Scholarship

The Scholarship is named in honour of Maurice Gaffney SC (1916-2016). Holding a BA in Economics from UCD (1939) and H. Dip in Education (1943), Maurice Gaffney was a teacher at Glenstal Abbey and at James’s Street, Dublin, who studied for the Bar at night and was admitted to the degree of Barrister-at-Law at King’s Inns in 1954. Maurice Gaffney was made Senior Counsel in 1970 and practised at the Bar of Ireland for 62 years until his death aged 100 years. He worked in criminal law, conveyancing and property, landlord and tenant, and employment law and served as Chairman of the Employment Appeals Tribunal.

Overview

The Maurice Gaffney Scholarship provides that the Education Committee of King’s Inns may remit course fees payable by students from socio-economically disadvantaged backgrounds who face exceptional hardship and wish to attend the course leading to the Diploma in Legal Studies.

What does the Gaffney Scholarship offer?

Remission of the fees payable in whole or part thereof in both year 1 and year 2 of the Diploma in Legal Studies course of the King’s Inns, including any repeat assessments on the Diploma in Legal Studies course up to the limit of attempts permitted under the Education Rules of the Society applicable at the relevant time. Where a Gaffney Scholar chooses to undertake the Entrance Examination to the Barrister-at-Law degree course, the fee, or part thereof, for ONE attempt at that examination will also be remitted.

How to Apply

1. Applicants are required to:
2. Complete a detailed Application Form
3. Submit a reflective piece (max. 500 words) addressing the following:
* your personal circumstances, family background, and education;
* your reasons for wanting to do the Diploma in Legal Studies course
* how you propose to fit the demands of study with your life, and
* the skills which you have that you believe are particularly suited to the study and practice of law.
1. Supply the names of two referees whom King’s Inns may contact
2. Applicants are shortlisted and may be invited for an interview.
3. The final decision regarding eligibility is determined by the Education Committee with the approval of the Standing Committee.

Eligibility Criteria

1. Applicants who are, or who will be, eligible to apply for a place on the Society’s Diploma in Legal Studies course **\***

 **AND**

1. Applicants who meet a correct combination of financial and social background criteria

**\*** Educational qualifications for admission to the Diploma Course (extract from Education Rules):

1. Every person who seeks a place in the Diploma in Legal Studies course shall:
2. Hold a degree from a third level institution (as defined in Rule 4(b) other than an approved degree (as defined in Rule 4(c), or
3. Be at least twenty-three years of age on the **1 of May** in the year in which he presents himself for examination in Part I of the Diploma examination. Consideration will be given to (a) academic and professional qualifications and (b) occupation and work experience. An applicant who holds an approved degree may not apply for a place reserved for mature applicants.
4. Any other information provided by the applicant that demonstrates the capacity to undertake a course of this level.
5. Every person who seeks a place in the Diploma course must apply using the King’s Inn's Applications Portal not later than **31 July** in the year in which he seeks a place.
6. In the case of an applicant who is in the process of acquiring the necessary educational qualifications to be eligible for a place in the Diploma course, the application may be made on a provisional basis not later than the 31 July and shall be treated as conditional upon such educational qualifications being acquired not later than the 31 July in the year in which they seek a place.

Note 1:

In respect of the above categories, persons in category (i) are graduate applicants, and persons in category (ii) are “mature” applicants for the purpose of both the application for the course and this Form.

Note 2:

* If you are a student who is dependent on parent(s) or legal guardian(s) or other party (“Related Party”) for income or other financial support, such as food and lodging, then information about the income of such Related Party will need to be included in the relevant sections of this Application Form.
* If you are a student who is making an independent application, and you are not a dependent, and you do not receive financial support from a Related Party, then you do not need to complete those sections of this Application Form.

Application FOR The Gaffney Scholarship

Please complete EACH of the following panels; if a panel does not apply to you (e.g. because you are asked about third-level education as a mature non-graduate applicant) then please write “not applicable” in that panel.

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1. Personal Details

|  |  |
| --- | --- |
| Surname: |  |
| First Name(s): |  |
| Date of Birth**\*** (DD/MM/YY): |  | Country of Birth: |  |
| Gender: | Male [ ]  Female [ ]   |
| Address: |  |
|  |
|  |
|  |
| Eircode:  |  |
| Home Phone: |  |
| Work Phone: |  |
| Mobile Phone: |  |
| Email:  |  |
| ***\*****Please enclose a copy of your birth certificate or passport* |

2. Education

|  |  |
| --- | --- |
| **Have you ever attended a third-level degree course?** | [ ]  Yes[ ]  No |

|  |
| --- |
| **If yes, please provide the following details: \***  |
| Institution | Course Title | Year | Completion Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Did you complete the course?** | Yes [ ]  No [ ]  |
| If not, please give reasons: |
|  |  |
| **Did you receive HEAR, DARE, or SUSI funding as an undergraduate?** | Yes\* [ ]  No [ ]  |
| If yes, please state the amount received and provide details: |

*\*If you received* ***HEAR, DARE, or SUSI*** *funding, please enclose a letter from your former third-level institution confirming this.*

|  |  |
| --- | --- |
| **Did you apply for or receive a Local Authority funding as an undergraduate?**  | Yes [ ]  No [ ]  |
| If yes, please state the amount received and provide details: |

|  |  |
| --- | --- |
| **Have you availed of any other means-tested funding towards your education in the past?**  | Yes [ ]  No [ ]  |
| If yes, please state the amount received and provide details: |

|  |  |
| --- | --- |
| **Did you attend secondary school?** Yes [ ]  No [ ] **If yes, please provide details:** | Dates of Attendance  |
| From | To |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Are you a mature applicant? \*** | Yes [ ]  No [ ]  |
| ***\*****At least twenty-three years of age on the 1 of May in the year in which they present themselves for examination in Part I of the diploma examination. Consideration will be given to (a) academic and professional qualifications and (b) occupation and work experience.*  |

|  |  |
| --- | --- |
| **If you are a mature applicant, did you:** |  |
| (a) complete your Leaving Certificate | Yes [ ]  No [ ]  |
| (b) complete any Educational courses\* | Yes [ ]  No [ ]  |
| **\*** If yes, please provide details |

**3. Employment**

|  |  |
| --- | --- |
| **Are you currently employed?** | [ ]  Yes Part-Time [ ]  Full-Time [ ] [ ]  No  |

|  |
| --- |
| **Please provide details (starting with the most recent – any role which you occupied for more than nine months)**  |
| Place of Work | Role  | Dates |
| From | To |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Are you an EEA National?****OR****Have you been granted Refugee Status?** | [ ]  Yes[ ]  No[ ]  Yes Year Granted: \_\_\_\_\_\_\_\_\_\_\_[ ]  No  |
| **If not, do you require an education visa to study in Ireland?** | [ ]  Yes[ ]  No |
| **Do you require a work visa to work in Ireland?**  | [ ]  Yes[ ]  No |

**4. Current Place of Residence**

|  |
| --- |
| **Please tick the appropriate box:** |
| Homeowner  | [ ]  |
| Private Rented Accommodation | [ ]  |
| Local Authority Tenant Purchase Scheme | [ ]  |
| Local Authority Rented Housing  | [ ]  |
| Local Authority Rented Flat | [ ]  |
| Other non-permanent accommodation (please give details) | [ ]  |

|  |  |
| --- | --- |
| **Address:** |  |
|  |
|  |
|  |
| **Eircode:** |  |

|  |  |
| --- | --- |
| **Do you own additional property?**  | Yes [ ]  No [ ]  |
| If yes, please provide details: |

**5. Financial Information**

**Section A – Income from paid employment**

|  |
| --- |
| **Particulars of income from paid employment (including self-employment). If you are residing with a Related Party, please give details of their income. \*** **Where applicable, please ensure that this section is completed by the relevant persons.** **There is a separate consent section at the end of this form that will need to be completed by each individual referenced here.** |
|  | Estimated total income for the year ended 31 December last year |
| Self | Spouse/Partner | Related Party | Related Party | **Documents Required** |
| Occupation (be as specific as possible) |  |  |  |  | **N/A** |
| Income from employment, e.g. PAYE – salary, wages, fees, etc. |  |  |  |  | **Employment Detail Summary (P60) and Statement of Liability (P21)** |
| Income from pension (from former employer or pension scheme) |  |  |  |  | **Notice of Assessments and Accounts** |
| Income from self-employment |  |  |  |  | **Employment Detail Summary (P60) and Statement of Liability (P21)** |
| Income from land: profits from farming activities |  |  |  |  | **Notice of Assessments and Accounts** |
| Income from any other source. (Please specify) |  |  |  |  | **Relevant evidence**  |

\* *If neither you nor your spouse or Related Party are in paid employment, please go to Section B*. *See Note 2 on Page 4. Information about Related Parties should only be provided if this information is relevant to your application and you receive financial support or other benefits from them. All Related Parties will be asked to provide their consent separately on this form to have their personal data included in this application.*

**Section B – Income from the Department of Social Protection**

|  |
| --- |
| **Particulars of income from the Department of Social Protection (DSP)** **(Complete where applicable)****Where applicable, please ensure that this section is completed by the relevant persons\*.** **There is a separate consent section at the end of this form that will need to be completed by each individual referenced here.** |
|  | Estimated total income for the year ended 31 December last year |
|  | Self | Spouse/Partner | Related Party | Related Party | Self |
| Current or most recent occupation (be as specific as possible) |  |  |  |  | **N/A** |
| DSP – Jobseekers Benefit (short-term) |  |  |  |  | **The Statement of Liability (P21) and Social Welfare Statement**  |
| DSP – Jobseekers Allowance |  |  |  |  | **The Statement of Liability (P21) and Social Welfare Statement** |
| DSP – Jobseekers Transitional payment (JST) |  |  |  |  | **The Statement of Liability (P21) and Social Welfare Statement** |
| DSP – Supplementary Welfare Allowance |  |  |  |  | **The Statement of Liability (P21) and Social Welfare Statement** |
| DSP – Pension Payment (please specify) |  |  |  |  | **The Statement of Liability (P21) and Social Welfare Statement** |
| DSP – Rent Supplement |  |  |  |  | **The Statement of Liability (P21) and Social Welfare Statement** |
| DSP – Mortgage Interest Supplement |  |  |  |  | **The Statement of Liability (P21) and Social Welfare Statement** |
| DSP – Illness Benefit |  |  |  |  | **The Statement of Liability (P21) and Social Welfare Statement** |
| DSP – Disability Allowance |  |  |  |  | **The Statement of Liability (P21) and Social Welfare Statement** |
| DSP – Partial Capacity Benefit  |  |  |  |  | **The Statement of Liability (P21) and Social Welfare Statement** |
| Other DSP payment (please specify) |  |  |  |  | **The Statement of Liability (P21) and Social Welfare Statement** |

*See Note 2 in the on Page 4. Information about Related Parties should only be provided if this information is relevant to your application, and you receive financial support or other benefit from them. All Related Parties will be asked to provide their consent separately on this form to have their personal data included in this application*

**6. Additional Information**

|  |
| --- |
| **Other information on your financial circumstances, including any regular outgoings such as rent, loans, childcare, mortgage, or debt repayment that you may wish to include for consideration:** |

**7. Reflective Piece**

Please enclose a typed reflective piece (max. 500 words) addressing the following:

1. Your personal circumstances, family background, and education
2. Your reasons for wanting to do the Diploma in Legal Studies course
3. How you propose to fit in the demands of study with your life; and
4. The skills which you have which you believe are particularly suited to the study and practice of law.

**8. Referees**

Please provide the details of two references, e.g. a tutor/teacher from a course you have attended or a supervisor from a place of work. You must have the permission of the referee before including their names on this application. You acknowledge that we may contact any referee included here directly.

|  |
| --- |
| **Referee 1** |
| Name |  |
| Job Title |  |
| Relationship to you  |  |
| Address  |  |
|  |
|  |
|  |
|  |
| Telephone No.  |  |
| Email |  |

|  |
| --- |
| **Referee 2** |
| Name |  |
| Job Title |  |
| Relationship to you |  |
| Address  |  |
|  |
|  |
|  |
|  |
| Telephone No.  |  |
| Email |  |

**9. Checklist**

Please ensure the following documentation is enclosed with your completed application form:

* Letter from your former third-level institution confirming that you received HEAR, DARE, or SUSI funding (if applicable)
* Financial Information to support Section A and/or Section B (where applicable)
* Reflective Piece (max. 750 words)
* Transcripts of all law degree/diploma/certificate results (if applicable/available at the time of application)
* Completed and signed Applicant Declaration
* Completed and signed consents by all Related Parties referenced on this form

Applicant Declaration

I hereby certify that, to the best of my knowledge, the information provided is true and accurate and that I have provided all information that King’s Inns should reasonably be aware of to consider this application. I agree to notify King’s Inns in the event of any change in circumstances that is likely to impact any decision made or any future payments.

Explicit consent for processing Personal Data/Special Category Personal Data

We require your explicit consent to obtain and process the personal data that you are providing on this form, particularly in relation to special categories of personal data relating to health, race, or ethnicity. King’s Inns is committed to the protection of the personal data that you provide, and we will only use it for the purposes of considering your application. For further information, please see our Privacy Statement, which is available at: <https://www.kingsinns.ie/dataprotection>

**Consent**

Please tick:

[ ]  I consent to King’s Inns processing the personal data and special categories of personal data submitted with this application. I understand that I can withdraw my consent at any time by contacting: dataprivacy@kingsinns.ie

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Related Party Declaration

This section should be completed by any Related Party included in this application.

**Related Party No. 1**

Explicit consent for processing Personal Data/Special Category Personal Data

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**Consent**

Please tick:

[ ]  I consent to King’s Inns processing the personal data and special categories of personal data submitted with this application. I understand that I can withdraw my consent at any time by contacting: dataprivacy@kingsinns.ie

Name of related party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of related party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Related Party Declaration

This section should be completed by any Related Party included in this application.

**Related Party No. 2**

Explicit consent for processing Personal Data/Special Category Personal Data

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**Consent**

Please tick:

[ ]  I consent to King’s Inns processing the personal data and special categories of personal data submitted with this application. I understand that I can withdraw my consent at any time by contacting: dataprivacy@kingsinns.ie

Name of related party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of related party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Related Party Declaration

This section should be completed by any Related Party included in this application.

**Related Party No. 3**

Explicit consent for processing Personal Data/Special Category Personal Data

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**Consent**

Please tick:

[ ]  I consent to King’s Inns processing the personal data and special categories of personal data submitted with this application. I understand that I can withdraw my consent at any time by contacting: dataprivacy@kingsinns.ie

Name of related party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of related party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_