

**PPS FORM
PROFESSIONAL PRACTICE COURSE (PPC)
2025**

NAME: _____
(BLOCK CAPITALS)

DATE OF BIRTH:

DAY	MONTH	YEAR

PPS NO:

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GENDER: _____

PLEASE EMAIL THIS FORM TO
TRAINEESECTION@LAWSOCIETY.IE

Traineeship Section
Law Society of Ireland
Blackhall Place
Dublin 7
DX 79