

**COMMUNITY LEGAL SERVICE
QUALITY MARK
STANDARD FOR
MEDIATION
APPLICATION FORM**

*Community
Legal Service*



Form QMM

Name of Organisation		Reference No. (for LSC use)	
Multi Office Organisation (complete if applicable)			
How many presences (main offices and outreach) does your organisation have?			
Main Service Address			
Address		Telephone	
		Fax No.	
		E-mail address	
		Contact number for this application (if different to main Service No.)	
Postcode			
Quality Representative			
(The person who will be the contact for the application and audit process, and to whom information on the Quality Mark Standard for Mediation will be sent)		Name:	

Quality Mark Standard for Mediation Application Form QMM

Service Information	
Describe the mediation services you provide, and your catchment area.	
Give details of any specific client group that you serve.	

Recognised Representative Bodies	
If you are a member of a representative organisation for the Mediation profession, please tell us which organisation(s) and the date you joined.	1) Name: Date Joined: 2) Name: Date Joined: 3) Name: Date Joined:
Quality Standards	
If you are certified against any independently audited quality standard(s), please tick the relevant box(es) to confirm which (if any):	
Charter Mark <input type="checkbox"/>	Investors in People <input type="checkbox"/>
Lexcel <input type="checkbox"/>	ISO Standards <input type="checkbox"/>
Other (please give details):	

Declaration

Please confirm that a member of your organisations Key Personnel has verified the information provided in this form and can vouch it is accurate.

Tick Box to confirm:

Date: (day / month / year)