



Application Form for contribution towards fees for Accreditation for Duty Solicitor or Accredited Representative.

Return to: Duty Performance Team
Nottingham Regional Office
Fothergill House
2nd Floor, 16 King Street
Nottingham
NG1 2AS

or DX 10035 Nottingham 1

Name of Individual: _____

Supplier Name: _____

Contract Number: _____

Email: _____

Please indicate which panel is applicable:

Criminal Litigation Accreditation
Scheme (CLAS) Stage 1

Police Station Accredited
Representative

Amount of contribution sought:

CLAS (no previous claim for contribution as representative) £546

CLAS (previous claim for contribution as representative) £211

Police Station Accredited Representative £335

Date of Accreditation: ____/____/____ Accreditation certificate attached

Signed by Partner: _____ Date: ____/____/____

Declaration by Organisation's Supervisor or Partner

I declare that the above Caseworker currently practices legal aid in Criminal Work at the above organisation

Note:

Please complete and return this form with a photocopy of your accreditation certificate. Applications will only be valid if received within 6 months of the date of accreditation.

DATA PROTECTION ACT 1998

The Legal Services Commission (LSC) is the Data Controller. The personal data you provide in this form will only be used for the purpose of reimbursing your accreditation fee and will be held in accordance with the principles of the Data Protection Act 1998. Under section 7 of the Act, you have the right to make a formal written request to the LSC to access personal data held about you to inspect it and have it corrected if it is wrong. If you wish to do so, you should contact the LSC at the address at the top of this form.

For LSC use only:
Authorised by: