

COMMUNITY LEGAL SERVICE QUALITY MARK APPLICATION FORM

Community
Legal Service



Form QM1

Name of Organisation		Reference No. (for LSC use)	
Multi Office Organisation (complete if applicable)			
<p>How many offices does your organisation have?</p> <p>How many offices are applying for a Quality Mark?</p> <p>(Please complete an application form for each office unless the services are identical in which case a list of the service address information as set out below will be sufficient - there is space for this on the last page of this application form)</p>			
Main Service 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 Quality Mark information will be sent)		Please print name	
Application Level		(tick where appropriate)	
Self-help Information	<input type="checkbox"/>	General Help	<input type="checkbox"/>
Assisted Information	<input type="checkbox"/>	General Help with Casework	<input type="checkbox"/>
		Specialist	<input type="checkbox"/>

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

Casework Description for Applicants to the General Help with Casework Level (See Annex A of The Quality Mark Standard, April 2000 Edition)	
If your Casework covers areas not shown on this list, please give a brief description;	
Subject -Based Casework	Client -Based Casework
Welfare benefits <input type="checkbox"/> Housing <input type="checkbox"/> Debt <input type="checkbox"/> Employment <input type="checkbox"/> Consumer / General Contract <input type="checkbox"/> Health and Community Care <input type="checkbox"/> Immigration <input type="checkbox"/>	Disability <input type="checkbox"/> Young People <input type="checkbox"/> Older People <input type="checkbox"/> Refugees and Asylum Seekers <input type="checkbox"/> Race Equality <input type="checkbox"/>

Category Description for Applicants to the Specialist Level (See Annex A of The Specialist Quality Mark Standard, April 2002 Edition)	
Subject	
Welfare benefits <input type="checkbox"/> Housing <input type="checkbox"/> Debt <input type="checkbox"/> Employment <input type="checkbox"/> Consumer / General Contract <input type="checkbox"/> Education <input type="checkbox"/> Community Care <input type="checkbox"/> Crime <input type="checkbox"/>	Matrimonial / Family <input type="checkbox"/> Mental Health <input type="checkbox"/> Personal Injury <input type="checkbox"/> Clinical Negligence <input type="checkbox"/> Immigration / Nationality <input type="checkbox"/> Civil Liberties <input type="checkbox"/> Actions Against the Police <input type="checkbox"/>

Recognised Representative Bodies	
If you are a member of a representative organisation, please tell us which this is and the date you joined.	
Quality Standards	
If you are certified against any independently audited quality standard, please tell us which this is;	
Charter Mark	<input type="checkbox"/> Investors in People
Lexcel	<input type="checkbox"/> ISO Standards
Other (please give details)	

Please send your application to your local Legal Services Commission regional office (addresses can be found in the back of the workbook). Before dispatch, please tick in the box below to confirm you have completed the correct Workbook / Self Assessment Checklist in full and provided any supporting information, including CASE 1 forms if applying for certification at the General with Casework level. Please ensure you have followed the Notes of Guidance in the Workbook and Guidance in the Quality Mark Standard.

Application checked and verified as complete

Please read the declaration and sign the application below

Declaration

In making this application the applicant

1. Agrees to comply with any legislation relating to the operation of the service, in particular the Sex Discrimination Act 1975, the Race Relations Act 1976, Disability Discrimination Act 1995, and relevant Health and Safety legislation.
2. Agrees to notify the Commission if membership of the recognised body recorded on this application form is suspended or ends for any reason.
3. Agrees that the Commission may, where it considers that to do so would be in the public interest, disclose the outcome of the application to appropriate third parties. Unless there are exceptional circumstances, the Commission will not do this without first notifying the applicant.

**Signed on behalf of the Applicant Organisation
by an authorised signatory**

.....(Signature)

.....(Print full name)

Position in organisation.....

on.....(day / month / year)

2 Service Address	
	Telephone
	Fax No.
	E-mail address
	Contact number for this application (if different to main Service No.)
Postcode	

3 Service Address	
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