

# COMMUNITY LEGAL SERVICE QUALITY MARK STANDARD FOR MEDIATION APPLICATION FORM

Community  
Legal Service



Form QMM

Name of Organisation		Reference No. (for LSC use )	
<b>Multi Office Organisation</b> (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>			
<b>Main Service Address</b>			
Name of Organisation		Telephone	
Address		Fax No.	
		E-mail address	
		Contact number for this application (if different to main Service No.)	
Postcode			
<b>Quality Representative</b>			
(the person who will be the contact for the application and audit process, and to whom Quality Mark information will be sent)		Please <b>print</b> name	

Service Information		
Please tick the type of Mediation services you provide:	Family	<input type="checkbox"/>
	Community	<input type="checkbox"/>
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, 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"/>
Lexcel	<input type="checkbox"/>
Mediation UK	<input type="checkbox"/>
Investors in People	<input type="checkbox"/>
ISO Standards	<input type="checkbox"/>
Other (please give details) .....	

<b>Application checked and verified as completed</b> .....	<input type="checkbox"/>
<b>Completed Self Assessment Checklist Attached</b> .....	<input type="checkbox"/>
<b>Documented Procedures Attached</b> .....	<input type="checkbox"/>

**Please read the declaration and sign the application overleaf**

**Declaration**

In making this application the applicant

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.

Agrees to notify the Commission if membership of the recognised body recorded on this application form is suspended or ends for any reason.

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)

Please send your application to your local Legal Services Commission regional office (addresses can be found in the back of the Quality Mark Standard for Mediation). Before dispatch, please tick in the box below to confirm you have completed the correct Self Assessment Checklist in full and provided any supporting information. Please ensure you have followed the details in Section 4 of the Quality Mark Standard for Mediation.

<b>Additional Service Addresses</b>
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<b>2 Service Address</b>	
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	Telephone
	Fax No.
	E-mail address
	Contact number for this application (if different to main Service No.)
Postcode	

<b>3 Service Address</b>	
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	Telephone
	Fax No.
	E-mail address
	Contact number for this application (if different to main Service No.)
Postcode	

<b>4 Service Address</b>	
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	Telephone
	Fax No.
	E-mail address
	Contact number for this application (if different to main Service No.)
Postcode	

<b>5 Service Address</b>	
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	Telephone
	Fax No.
	E-mail address
	Contact number for this application (if different to main Service No.)
Postcode	