

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)			
How many offices does your organisation have?			
How many offices are applying for a Quality Mark?			
(Please <i>complete an application form for each office unless the services are identical</i> in which case a list of the service address information as set out below will be sufficient - there is space for this on page 4 of this application form)			
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 appropriate level)	
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;

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Subject-Based Casework

Welfare Benefits

Housing

Debt

Employment

Consumer / General Contract

Health and Community Care

Immigration / Nationality

Client-Based Casework

Disability

Young People

Older People

Asylum Seekers and Refugees

Racial Discrimination and Racial Harassment

Women

Students

Category Description for Applicants to the **Specialist** Level (See Annex A of The Specialist Quality Mark Standard, April 2002 Edition)

Subject

Welfare Benefits

Housing

Debt

Employment

Consumer / General Contract

Education

Community Care

Family

Mental Health

Personal Injury

Clinical Negligence

Immigration & Asylum

Public Law

Actions Against the Police

Crime

Recognised Representative Bodies

If you are a member of a representative organisation, please tell us the name and the date you joined it.

Quality Standards

If you are certified against any independently audited quality standard, please tell us which this is;

Charter Mark **Investors in People**
Lexcel **ISO Standards**
Other (please give details)

Confirmation of Application Details and Evidence

- 1) Please send your application to your local Legal Services Commission Regional Office (addresses can be found in the back of the Workbook).
- 2) Before dispatch, please ensure that you have followed the Notes of Guidance in the Workbook and Guidance in the Quality Mark Standard. Please also check the following and tick accordingly at Point 3) and 4):
 - If applying at the **General Help/Information Level**, you have:
 - a) Completed the correct Workbook
 - b) Completed any relevant CASE-1 forms if applying for certification at the General with Casework level
 - c) Provided any supporting information
 - If applying at the **Specialist Level**, you have:
 - a) Completed the Self Assessment Checklist; relevant Supervisory Self-Declaration forms, OSS forms (if applicable) and SIF 1 Form in full
 - b) Provided any supporting information
- 3) Application checked and verified as complete
- 4) 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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	Fax No.
	E-mail address
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Postcode	

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

5 Service Address	
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