



Quality Mark Application Form



Form: QM3

Name of Chambers

CLS REFERENCE No.

Multi-annexe Chambers Complete if applicable

How many annexes does Chambers have?.....

How many annexes are applying for a Quality Mark?.....

Please complete an application form for each annexe 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.

Main Address

	Telephone
	Fax No.
	E-mail address
	Contact number for this application (if different to main 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

Head of Chambers

FOR LSC USE ONLY

Date received:	Ref No:
Date sent to RIS:	Date notification received from RIS:
Pages sent to RIS:
Date Passed to Account Manager:	Account Manager:
.....

Quality Standards

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

Investors in People

ISO Standards

Other

For Chambers with the BARMARK

I declare that Chambers will continue to meet the BARMARK requirements for 12 months from the date of audit, after which time, chambers will meet the Quality Mark requirements in full.

A copy of Chambers' BARMARK certification is enclosed with this application form.

Signature of Head of Chambers.....

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. Declares that all members of Chambers will support and abide by the Quality Mark requirements.

Signed on behalf of Chambers by the Head of Chambers

Signature (Head of Chambers).....

Print full name.....

Day.....month.....year.....

Please send your application to your local Legal Services Commission regional office (addresses can be found in the back of the Standard). Before dispatch, please tick in the box below to confirm you have completed the Self Assessment Checklist in full and provided any supporting evidence.

Self Assessment checklist completed for submission

2 Annex Address

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

3 Annex Address

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

4 Annex Address

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

5 Annex Address

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