

Federation of Information and Advice Centres Quality Standard and Community Legal Service Quality Mark Template

General Help Level Template

Access to Service Checklist			
A1 The service should be appropriate to the needs of the local / target community			
Ref	Requirement	Achieved	Completion Notes
A1.1	You must have a written strategy or plan that:	Yes	
	Sets out the profile and needs of the community that you serve; and	Yes	1.2 Planning - assessment of users' needs is regularly carried out to inform the development of services. Evidence - a document that defines the user group, possibly a service statement, and users' needs assessment results and findings. Guidance - page 41 Critical questions for planning - what evidence do you have of need for advice in the community?
	Sets out the details of the client group to be served; and	Yes	1.2 Planning - user group for organisation has been clearly defined. Evidence - as above.
	Sets out your key objectives or core values and principles; and	Yes	1.2 Planning – organisation's mission, aims and objectives are clearly documented and understood. Evidence - Organisations Mission, Aims, Objectives, Targets are in written form.
	Sets out what you aim to achieve in detail in the next twelve months; and	Yes	1.2 Supplementary guidance.
	Sets out what you aim to achieve in outline for a further two years; and	Yes	1.2 Supplementary guidance.

A1 The service should be appropriate to the needs of the local / target community			
Ref	Requirement	Achieved	Completion Notes
A1.1	If your service includes casework:		Addressed in supplementary guidance.
	1. The identities of the caseworkers; and	Yes	As above.
	2. The area of law in which they provide casework; and	Yes	As above.
	3. The number of cases taken and subject; and	Yes	As above.
	Is a copy of your strategy / business plan attached? OR	Yes	
	Have you completed the relevant pages of this workbook?	NA	
A1.2	This strategy should be reviewed annually. Have you set a date for the review?	Yes	1.2 Strategic plan is reviewed every 6 months. Evidence - minutes of review meetings. Operational plan is reviewed annually. Evidence - results of annual review.

A1.1 Con t'd	Provides details of how you will ensure equal opportunities; and	Yes	Covered in 3 and 1.2 Supplementary guidance.
	Sets out the main types of service delivery; and	Yes	1.2 Supplementary guidance.
	Sets out the basis of the funding strategy; and	Yes	1.2 Planning - the strategic plan includes funding and income strategy that covers planned developments. Evidence: funding strategy.
	Provides details of how you propose to maintain financial control; and	Yes	1.2 Supplementary guidance.
	Sets out the skills and resources necessary to deliver the aims.	Yes	1.2 Supplementary guidance.

A2 The community should be made aware of the service that is being offered			
Ref	Requirement	Achieved	Completion Notes
A2.1	Does your service provide details of the type of work it does to other relevant local service providers, including how they can be accessed?	Yes	3.11 Networking - Information about our organisation and services is available and promoted to other organisations.
A2.2	After certification, will you display the CLS logo?	Yes / No	

A3 Organisations must be committed to providing equality of access to legal services for all clients			
Ref	Requirement	Achieved	Completion Notes
A3.1	Do you have an equal opportunities policy in effective operation that precludes discrimination in selecting and dealing with clients?	Yes	3.1 Core values for advice - there is an up-to-date, written equal opportunities policy relating to both service delivery and staffing, which conforms to anti-discrimination legislation. Evidence EO policy relates to staffing and service delivery.
A3.2	If your organisation caters for a target group, are there procedures for signposting or referral of those who are not part of this target group?	Yes	3.3 Supplementary guidance.

Seamless Services Checklist			
B1 Clients should receive timely service from an appropriate source either by active signposting or by referral			
Ref	Requirement	Achieved	Completion Notes
B1.1	Do you clearly describe the service that you are capable of delivering?	Yes	1.2 Operational Planning - the organisation has clearly defined the level of service on offer. Evidence - service level definition is documented.
B1.2	Do you have a clear policy and procedures for active signposting and referral?	Yes	3.3 Signposting and referral - there is an up-to-date, written signposting and referral procedure appropriate to the level of service, which is understood and implemented by all appropriate staff and volunteers. Evidence requirements - referral and signposting procedure.
B1.3	Do you keep records of referral and active signposting on client records and monitor both regularly?	Yes	3.3 Signposting and referral - all referrals are recorded in the case records. Evidence requirements - a sample of case records are checked to ensure users' consent and referral information is recorded.
B1.4	Do you keep records of instances where no suitable service provider was found?	Yes	3.3 Supplementary guidance.
B1.5	Do you tell clients what to expect when directed to a new provider?	Yes	3.3 Signposting and referral - service users are advised why a referral is appropriate.
B1.6	Do you have mechanisms to ensure that details of suitable local providers, other than those in the CLS Directory, are up to date?	Yes	3.3 Signposting and referral - all advice staff and volunteers have access to an up-to-date signposting and referrals list providing contact details of organisations, services and people to which service users may be referred. The list includes relevant information about each organisation, including the type and range of services available and their access details. Evidence requirements - referral contact list.

B1.7	Do you have a means of recording feedback on the services provided by other providers?	Yes	3.3 Signposting and referral - the organisation collects information on and monitors referrals made. This information is analysed and informs the organisation's planning cycle. Evidence requirements - results of referral monitoring, feedback from users.
B1.8	Do you discuss the cost implications of referral or active signposting with the clients and confirm it in writing in cases of referral?	Yes	3.3 Supplementary guidance.

B2 Referral or active signposting should be undertaken having regard to the local Community Legal Service Partnerships			
Ref	Requirement	Achieved	Completion Notes
B2.1	Do you have any Community Legal Service Partnerships (CLSPs) in place in your area?	Yes	3.3 Supplementary guidance.
	Do you know and understand the arrangements that are in place?	Yes	3.3 Supplementary guidance.

Running the Organisation Checklist			
C1		Legal service providers have a clear management structure that identifies the roles and responsibilities of individuals in the delivery of the service	
Ref	Requirement	Achieved	Completion Notes
C1.1	Have you a clear written description of how the service is organised?	Yes	1.2 Supplementary guidance.
C1.2	Is the decision-making structure defined in writing, identifying key personnel and responsibilities, and is this document available to all staff? N.B. Include the person responsible for meeting the QM Standard.	Yes	2.1 Paid staff - There is a clear management structure. Evidence - organisational chart.

C1.3	If there is a Management Committee, does it maintain its independence; and	Yes	<p>3.1 Core values for advice:</p> <ul style="list-style-type: none"> -independence and conflict of interest: we are independent of our funders and services are delivered exclusively for the benefit of our service users; -all management committee members declare any conflict of interest; -steps are taken to ensure that the composition of the Management Committee is diverse and not dominated by one group. <p>Evidence - management committee members list and conflicts of interest policy and written record of interests, signed by Management Committee members.</p> <p>Governance - the governing document is appropriate to the legal status of the organisation and has been reviewed in the past 5 years.</p> <p>Evidence - governing document has been checked to ensure it is up to date and appropriate.</p>
	Do the funding bodies remain a minority on the committee; and	Yes	
	Is the governing document (e.g. Constitution or Memorandum and Articles) detailed and the relationship clear?	Yes	
C1.4	Is the organisation a member of a recognised body?	Yes	FIAC.

C2 Legal service providers ensure availability of resources to provide the service when and where it is needed			
Ref	Requirement	Achieved	Completion Notes
C2.1	Do those responsible for running the organisation review levels of service performance against the service strategy every 12 months?	Yes	Operational planning - an annual review of services is carried out to determine the actual level of service provided in relation to the defined level of service. Evidence - results of annual review.
C2.2	Are subsequent decisions about service capacity reviewed to reflect available resources?	Yes	

C3 Service providers maintain effective financial control			
Ref	Requirement	Achieved	Completion Notes
C3.1	Is financial management exercised in line with agreed statements of financial policies, procedures and authorities relevant to the organisation?	Yes	1.3 Operational management: Finances - there are up-to-date, written financial procedures including purchasing, authorising payment, cheque signing, credit control, recording of payments, invoicing, salaries, petty cash, volunteer and staff expenses and banking. Evidence - written financial procedures, annual budget.
C3.2	Can you give evidence of financial review by an independent source (e.g. audit of accounts)?	Yes	Evidence - audit reports.
C3.3	Does your organisation use financial information to assist in reviewing the provision of services?	Yes	Planning - operational planning: an annual review is carried out to determine the actual level of service provided in relation to the defined level of service. Evidence - results of annual review.
C3.4	Does your organisation have current professional indemnity insurance in accordance with section 37 of the Solicitor's Act 1974 or for non-solicitor organisations have insurance to the minimum amount required by associations recognised by the Legal Services Commission as an umbrella body? If you are not a member of a recognised association, do you have insurance for not less than £250,000?	Yes	Governance - The Management Committee ensures that the organisation has adequate and up-to-date insurance covering: buildings, employer's liability, public liability, professional indemnity and where appropriate contents insurance. Briefing does not specify level - is this issued anywhere in a guidance note?

People Management Checklist			
D1 A clear commitment to equal opportunities and the fair treatment of all staff			
Ref	Requirement	Achieved	Completion Notes
D1.1	Is there an equal opportunities policy in effective operation that precludes discrimination in the selection, recruitment and treatment of staff?	Yes	<p>3.1 Core values for advice: Equal Opportunities - there is an up-to-date, written equal opportunities policy relating to both service delivery and staffing, which conforms to anti-discrimination legislation.</p> <p>Evidence - equal opportunities policy related to both staffing and service delivery.</p> <p>2.1 Paid staff - there is an up-to-date, written procedure that ensures staff are recruited within the organisation's equal opportunities policy.</p> <p>Evidence - recruitment and selection procedure.</p>
D1.2	Do you have open recruitment processes that evaluate skills, knowledge and experience of those applying for posts?	Yes	<p>2.1 Paid staff - there is an up-to-date, written recruitment procedure that ensures staff are recruited within the organisation's equal opportunities policy.</p> <p>Guidance page 87 - job analysis: do you understand the skills, experience or competencies that are needed to perform in this post?</p>

D2 Training and development are provided for all staff who work within the service			
Ref	Requirement	Achieved	Completion Notes
D2.1	Do you have induction procedures for people who join the organisation?	Yes	2.1 Paid staff - all staff receive an induction pack and an induction into the organisation. Evidence - staff induction pack and records of induction. Guidance page 95 - the induction procedure should be set out in writing, dated and state when it will be reviewed and by whom.
D2.2	Do you have systems for reviewing / feeding back personal performance?	Yes	2.1 Paid staff - there are current written procedures for appraisal. Evidence - records of annual appraisals.
	Are these reviews undertaken at least annually and recorded?	Yes	See above.
D2.3	Do you have individual training and development plans to support the needs of the service?	Yes	2.1 Paid staff - staff training needs are assessed annually and training plans provided for in the annual budget. Evidence - results of training needs assessment, training records are kept up-to-date.
	Are they reviewed annually?	Yes	3.9 Training for advice - training needs of advice staff and volunteers are assessed annually. Training needs are identified according to the level of advice provided in each category of law. Evidence - results of training needs assessments include both skills and knowledge and relate to the service provided.
D2.4	Is all training recorded on people's individual training records?	Yes	2.1 Paid staff - training records are kept for all staff and volunteers. Evidence - training records are kept up-to-date.

D3 Procedures to ensure clients get advice from the most appropriate source taking account of the knowledge and skills of staff			
Ref	Requirement	Achieved	Completion Notes
D3.1	Are all staff are aware of their tasks and responsibilities?	Yes	2.1 Paid staff - all staff have job descriptions that are current and accurate. Evidence - current job descriptions are checked to ensure that they are up-to-date.
	Do they have job descriptions or person specifications?	Yes	
D3.2	Do you have procedures to match the skills and competences of all members of staff to the roles they need to fulfil?	Yes	
D3.3	Are all staff aware of the need to inform the supervisor if the enquiry is beyond their competence?	Yes	3.8 Supervision - all staff are aware of the need to refer a case or to seek the support of an expert or supervisor if an issue is beyond their competence.
D3.4	Do staff have ready access to relevant legal reference material as documented by service providers?	Yes	3.10 Information for advice - there is a system in place to identify information needs in relation to the levels of advice we provide in each category of law.
	Do you have a regular method of updating the reference material?	Yes	3.10 continued ... the system is regularly reviewed and includes a review of the formats in which information is available. Evidence - policy and procedure for advice service information management, a list of the centre's information resources, a sample of information resources is checked to ensure that they are filed accurately and up-to-date.
D3.5	Do you have a process for giving timely information to relevant staff about changes in law pertinent to their service delivery?	Yes	3.10 Information for advice - advice workers receive accurate and timely information about relevant changes to the law and practice. Evidence - information about changes is shared within the organisation.

D4 Procedures to ensure clients get advice from the most appropriate source taking account of the knowledge and skills of staff			
Ref	Requirement	Achieved	Completion Notes
D4.1	Have you identified at least one competent person as a supervisor in your organisation who:	Yes	3.8 There is an up-to-date, written procedure for supervision which defines the model of supervision, who provides it and how often it takes place, and addresses both managerial and technical supervision. Evidence - selection procedures for recruitment of supervisors which details competences required (see 3.8 supplementary guidance).
	Has at least two years recent and ongoing experience of their role?	Yes	
	Has experience of managing advisers?	Yes	
	Can demonstrate how they have maintained their knowledge of legal changes and practice?	Yes	
	Is accessible to those working within the organisation?	Yes	
D4.3	Do you have you a process to allocate cases / enquiries to advisers according to their abilities?	Yes	
D4.4	Is your supervision system tailored to the skills of the individual?	Yes	3.8 Supervision. The level, frequency and content of the supervision reflect the knowledge and workload of the person being supervised.

D5 Cases are dealt with by competent staff			
Ref	Requirement	Achieved	Completion Notes
D5.1	Are the people undertaking casework identified in the service strategy?	Yes	1.2 Supplementary guidance.
	Is there at least one caseworker who spends at least 12 hours a week in the relevant category?	Yes	
	If there are any other caseworkers, do they each work at least 6 hours a week on cases in the relevant category?	Yes	
	Does (do) the caseworker(s) undertake casework across the range of subjects (see Appendix 1)? (Note: The minimum number of types of cases within the category must have been completed within the last year and subsequently every 12 months.)		For organisation to specify.

OR

D5.2	Do you have a casework supervisor who:		
	Has done, on average, 12 hours casework a week for two out of the last four years; and	If applicable	
	If they have not done any in the last year, have been brought up to date; and	As above	
	Spends a minimum of 12 hours a week, on average, working for the organisation as a supervisor, at least 6 hours of which is within the casework category applied for; and	As above	
	Undertakes casework across the range of subjects (see Appendix 1)? (Note: The minimum number of types of cases within the category must have been completed within the last calendar year and subsequently every 12 months.)	As above	You will need to complete Case 1 forms. (Note: The specified range of subjects must be achieved individually by the caseworker supervisor.)

Running the Service Checklist			
E1 Client information and case files are well organised			
Ref	Requirement	Achieved	Completion Notes
E1.1	Can you provide access to files / client records?	Yes	FIAC to issue guidance note.
E1.2	Are arrangements in place to locate the client's information record / case file and to trace all relevant documents?	Yes	Case recording and file management - there is a written procedure for the management of service users' files and records which is appropriate to the level of service provided. All documents in files are arranged in a standard format that is secure and orderly.
	Do you keep them for at least 6 years?	Yes	3.5 Case recording and file management - following closure all service users' files and records are kept for 6 years, in line with Professional Indemnity Insurance requirements.
E1.3	Do you have procedures to identify and deal with any conflict of interest in acting for a client?	Yes	3.1 Core values for advice: Independence and conflict of interest - there is an up-to-date, written and well-publicised policy on conflicts of interest.
E1.4	Can you describe what you consider to be key dates?	Yes	New case management standard.
	Do you have a diary system for dealing with them?	Yes	New case management standard.
E1.5	Do you have systems for case files / information records to be orderly?	Yes	3.5 Case recording and file management - all documents in files are arranged in a standard format that is secure and orderly.
	Do you have systems to ensure that progress on a case file / information records are clear to any other caseworker?	Yes	3.5 Case recording and file management - there is an up-to-date, written procedure for case recording that is appropriate to the level of service provided.

E1.6	Is the information given to a client either verbally or in writing clearly identifiable on the case file / information record?	Yes	As above.
E1.7	Will your organisations collect and make available data reasonably required by the Lord Chancellor's Department or the Legal Services Commission in assessing the performance of the CLS?	Yes / No	

E2 Independent review of quality of work and follow-up where needed			
Ref	Requirement	Achieved	Completion Notes
	Do you have a written procedure for review that includes the following?		<p>3.6 Independent File Review - all case record/file reviews are undertaken within the organisations confidentiality guidelines and assess both the case recording and the accuracy of the advice given.</p> <p>There is an up-to-date, written procedure for case records / file review, appropriate to the level of service, which defines how many case records / files are reviewed, how often reviews will take place and the persons responsible for undertaking the reviews.</p> <p>Clear records are kept of the outcome of the case record / file reviews.</p> <p>If inaccuracies are identified, the case record / file review processes are promptly followed up with appropriate corrective action for the service users. Preventative measures are undertaken with the advice worker and records are kept.</p> <p>3.6 Supplementary guidance.</p>
E2.1	An independent review of a sample of case records to check: 4. The quality of legal advice given; and 5. That case management procedures are being followed.	Yes	
E2.2	A description of the number of files and the frequency of review according to each person's experience and quality of work (you will need to justify this to an auditor); and	Yes	
E2.3	A record of the review is retained on the case file and in a central record; and	Yes	
E2.4	Systems are in place to ensure corrective action identified at file review is done; and	Yes	
E2.5	Reviews are undertaken by supervisors or experienced individuals under the control of the supervisor.	Yes	

E3 Feedback process for service and performance reviews			
Ref	Requirement	Achieved	Completion Notes
E3.1	Are the results of independent reviews agreed and fed back to the individual responsible for supervising the caseworker?	Yes	3.6 Supplementary guidance.
E3.2	Is information from reviews used in giving feedback to individuals within their appraisal?	Yes	3.6 Supplementary guidance.
E3.2	If performance continues to fall below the standard of the organisation, is remedial action taken?	Yes	3.6 Supplementary guidance.
E3.3	Are central records reviewed annually to identify any potential organisational improvements?	Yes	3.6 Supplementary guidance.
E3.4	Are the results used to inform the review of service performance that is undertaken every 12 months?	Yes	3.6 Supplementary guidance.

Meeting Clients' Needs Checklist			
F1 Clients receive information and independent advice relevant to their needs			
Ref	Requirement	Achieved	Completion Notes
F1.1	Do you give independent advice or have processes to ensure that clients are directed to someone who can?	Yes	3.1 Core values for advice - independence and conflict of interest - we are independent of our funders and services are delivered exclusively for the benefit of our service users. 3.2 Ensuring access to advice - all service users are aware of the advice service core values and principles: that advice is free, confidential and independent. Evidence - statement of service.
F1.2	Do records show the client's needs, any advice given, the actions to be taken next and by whom?	Yes	3.5 Case recording and file management - measures are in place to ensure that service users understand the information and service they have been given and any action that has been agreed with the service user. Evidence - case recording procedure, a sample of case records are checked to ensure they comply with procedures.
F1.3	Are clients informed where the advice given includes action that the organisation may not be able to take?	Yes	3.5.1 Case management - all advice staff are aware of the need to inform service users of any limitations to the service.
	Where reasons for this include conflict of policies of funders or statutory duties, can you demonstrate that the advice given was independent?	Yes	Conflict of interest policy prevents this situation occurring.
F1.4	Are clients told of any potential costs from any opposing party that they may become liable for as a result of any action?	Yes	3.5.1 All advice staff are aware of when service users need to be told of potential costs.
F1.5	Where action cannot be taken immediately, are systems in place to ensure it happens in the future?	Yes	3.5.1 There is an up-to-date, written procedure for case management including managing key dates. (If you have copies of these procedures, please attach them.)

F1.6	Do you have systems to ensure clients are kept informed about the progress of a case and, in particular, any change in planned action?	Yes	New case management standard.
F1.7	Are clients informed of the outcome of their enquiry / case where it is known (it should be recorded on the case file)?	Yes	New case management standard.
F1.8	Do you have procedures to identify when information must be confirmed to clients in writing? As a minimum, clients receive a clear written record of advice where the agency is taking legal proceedings on behalf of the client and these have commenced.	Yes	New case management standard and briefing.

F2 Costing structures are transparent and explained at the outset			
Ref	Requirement	Achieved	Completion Notes
F2.1	Where the client may have to pay the funder or the service provider, do you provide clear information about the cost and pricing structure in writing at the start of the matter?	Not applicable	
F2.2	Where clients have to bear the cost of the advice, or contribute towards it, do you give clear cost updates in writing whenever there is a change from the last estimate and at least every 6 months?	Not applicable	
F2.3	Do you inform clients if you charge for your service and where else they may be able to get the service for free, in writing?	Not applicable	

F3 Clients are entitled to confidentiality, privacy and fair treatment			
Ref	Requirement	Achieved	Completion Notes
F3.1	Do you treat client information confidentially?	Yes	3.1 Core values for advice - there is an up-to-date, written and well-publicised policy on confidentiality.
F3.2	Can arrangements be made to ensure privacy in meeting with clients?	Yes	

F4 Quality is maintained where part of the service is delivered by someone else			
Ref	Requirement	Achieved	Completion Notes
F4.1	Where part of the case is done by another service provider are they selected using clear criteria, including the principles of equal opportunity? (Note: this does not mean via a referral, you will maintain ownership of the matter.)	Yes	3.4 Use of experts - there is an up-to-date, written procedure for the use of experts, including a description of how their quality is assured, which is understood by all appropriate staff and volunteers. Evidence - use of experts' procedure.
	If the client is to be charged for this service, are they informed of this at the outset?	Yes	3.4 Supplementary guidance.
F4.2	Clients know who will be doing the work and are consulted about this if applicable.	Yes	3.4 Supplementary guidance.
F4.3	The service provided externally is evaluated and recorded.	Yes	3.4 Use of experts - the organisation collects and monitors information on the use of experts. This information is fed into staff training and development plans. Evidence - results of file reviews that identify issues regarding the use of experts.

Commitment to Quality Checklist			
G1 There is a clear complaints process in operation			
Ref	Requirement	Achieved	Completion Notes
G1.1	Do you have clear procedures for identifying and dealing with complaints by customers?	Yes	3.1 Core values for advice - Right to complain - there is an up-to-date, written and well-publicised complaints policy and procedure. Evidence - complaints policy and procedure publicised to service users.
G1.2	Are clients told who to complain to and who has overall responsibility for the complaints process?	Yes	
G1.3	Are central records kept of complaints made and how they are resolved?	Yes	As above, the organisation reviews complaints regularly. Evidence - results of reviews of complaints.
G1.4	Will you make available to the public the complaint leaflet provided by the Legal Services Commission?	Yes / No	

G2 Providers have a clear commitment to quality service and regular review of performance			
Ref	Requirement	Achieved	Completion Notes
G2.1	Do you demonstrate a commitment to quality by appointing a named individual to oversee the quality processes?	Yes	The individual should be named on the application form submitted with the Quality Mark General Help workbook.
G2.2	Do you review all quality processes annually?	Yes	3.1 Core values for advice - commitment to quality: regular - quality self-assessments are carried out to determine strengths and areas of improvement. Evidence - quality policy statement, results of self-assessments, Quality Action Plan.
G2.3	Do you have systems that identify any changes in the quality processes and procedures that may be kept in a manual and the date that they came into effect?	Yes	1.3 Operational management - there is an up-to-date office manual containing copies of all policies, procedures and relevant codes of practice, which is available to all staff and volunteers. Evidence - office manual is updated and accessible.
G2.4	Staff can access up-to-date copies of the quality processes.	Yes	As above.

G3 There is a facility for clients to participate in the development of the service provided			
Ref	Requirement	Achieved	Completion Notes
G3.1	Do you have a description of how clients are encouraged to give feedback, including complaints about the service they received?	Yes	<p>3.1 User involvement and user feedback - there is an up-to-date, written policy statement defining the organisations commitment to user involvement which is displayed and promoted to service users.</p> <p>There is a system in place for collecting regular feedback from service users.</p> <p>Evidence - user involvement policy statement, user feedback forms, results of user surveys.</p>
G3.2	Do you analyse feedback annually to identify trends?	Yes	<p>3.1 User feedback is reported to the Management Committee, analysed, and used to inform the planning process.</p> <p>Evidence - minutes of management meetings are checked to ensure user feedback is reported.</p>
G3.3	Do you review your performance and your strategy in light of the analysis of feedback and complaints?	Yes	Evidence - changes documented strategic plans.

Checklist of Documents

To be submitted for the General Help Standard.

Ref	Requirement	Attached
A1.1, B1.1, C1.1, C3.1, D5.1	A written plan or strategy for the provision of services.	Yes
A3.1, D1.1	An equal opportunities policy.	Yes
A3.2, B1.2, B1.6	A written policy and procedure for active signposting and referral.	Yes
C1.2	A copy of the decision-making structure.	Yes
C1.3	If a Management Committee runs your organisation, a copy of the written constitution.	Yes
D1.2	A written recruitment process.	Yes
D2.1	A written induction procedure.	Yes
D2.2	A written system for review / feedback of personal performance.	Yes
D2.3	Training and development plans.	Yes
D3.2	Written procedures to match the skills and competences of all members of staff to the roles they fulfil.	Yes
D3.5	Written procedure for providing timely information about changes in law.	Yes
D4.3	Written process for the allocation of enquiries.	Yes
D4.4	Written process for supervision.	Yes
D5.1, D5.2	If applying for General with Casework: Appropriate Form Case 1(s) for the area of casework applied for.	Yes / No
E1.3	Written procedure for conflict of interest.	Yes
E1.4	Written description of what constitutes key dates.	Yes

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E2.1	Written procedure for file review.	Yes
F1.3	Written procedure for dealing with conflict with policies of funders.	Yes
F1.5	Written procedure for ensuring matters are dealt with in the future if they cannot be dealt with immediately.	Yes
F1.6	Written procedure for informing clients about the progress of the enquiry.	Yes
F1.8	Written procedure for identifying when information must be confirmed to the client in writing.	Yes
F3.1	Written policy for maintaining client confidentiality.	Yes
F4.1	Written selection criteria for other service providers used.	Yes
G1.1	Written procedure for identifying and dealing with complaints by clients.	Yes
G3.1	Written procedure for obtaining feedback from clients.	Yes