

**Specialist Quality Mark (SQM)**

**Audit Application Form**

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**Overview of Legal Services Provider and Essential Information:**

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| **Name of Legal Service Provider:** *(Please ensure that this is the full legal name as you would want to appear on certificate)* | | | |
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| **Previously known as:** *(Please complete if your name has changed since last audit)* |  | | |
| **Principal Address (Lead Office):** | **Address:**  **Postcode:** | | |
| **Lead Office Main Telephone Number:** |  | | |
| **No. of offices applying for accreditation:** |  | | |
| **Additional Offices: –** Please complete any additional address in Appendix One | | | |
| **Website Address:** |  | | |
| **Quality Representative(s)**: (Person that will lead on the audit process) | | | |
| **Primary Point of Contact:** | | | |
| **Title (Mr/Mrs/Ms/Dr):**  **Full Name:**  **Position:**  **Email:**  **Direct Telephone Number:** | | | |
| **Deputy Point of Contact:** | | | |
| **Title (Mr/Mrs/Ms/Dr):**  **Full Name:**  **Position:**  **Email:**  **Direct Telephone Number:** | | | |
| **Regulatory Bodies: (Please provide details of any regulatory bodies that you are approved by including license / registration numbers)** | | | |
| Solicitors Regulation Authority: (where applicable) | |  |
| Office of the Immigration Service Commissioner (OISC) | |  |
| Financial Conduct Authority (FCA) | |  |
| Other (Please detail) | |  |

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| **Staffing Profile:**  Please identify the individuals for each role supporting the delivery of legal advice (not full time equivalent).  When completing, please indicate where individuals cover more than function as part of their role. You may find the additional guidance within our Preparation Guide helpful when completing this section. **Please add additional lines to the table below as appropriate.**  If you have more than one office, please use Appendix One to identify No. of staff working from each individual location | | | | | | | | | | | |
|  | |  | **Role Type** | | | | | | | | | |
| **Staff Member Initials:** | | **Category of Law** | **Supervisor** | **Fee Earner** | **Trainee Fee Earner** | **Designated Fee Earner** | **Quality Rep** | **Complaints** | **Equality and Diversity** | **Finance** | **Admin/Other** | |
| *Example: AJ* | | *Crime* | *X* | *X* |  |  | *X* | *X* | *X* |  |  | |
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| **Total No. of Individual by Role** | |  |  |  |  |  |  |  |  |  |  | |
| **Total No. of Volunteers by Role (if applicable)** | |  |  |  |  |  |  |  |  |  |  | |
| **Total No. of Full Time Equivalent by Role** | |  |  |  |  |  |  |  |  |  |  | |
|  | **Additional information we should be aware of :**   * *e.g. No Trainees, xxx is prison law supervisor and crime fee earner* * *3 members of staff on furlough AB, BB, CB* | | | | | | | | | | | |
|  | **Or, Sole Practitioner with no support staff : Yes/ No** | | | | | | | | | | |
|  | **Where volunteers are used, please provide additional information regarding working patterns and hours of contribution per week:** | | | | | | | | | | |

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| **Audit Requirements:** | | |
| **Reason for Applying for SQM:**  Required as part of existing Legal Aid Contract – evidence of quality assurance  Intending to secure a Legal Aid Contract – evidence of quality assurance  Elected to hold the SQM as evidence of quality and does not hold a current Legal Aid Contract | |
| **Type of Audit Required:**    **New SQM Applicant**  Desktop Audit and / or Pre Quality Mark Audit  **Existing** **SQM Holder (Already holds the SQM)**  Post Quality Mark Audit | |
| **Deadline for when SQM Accreditation must be achieved by:** (Please include any time limits that are determined by existing the SQM accreditation or by the contract you hold with the LAA or have applied for) | |
| **Preferred Dates for audit:** (Please note that we do require a minimum of 6 weeks notice in order to arrange your audit) | |
| **No. of Open Case Files at time of application:** |  |
| **No. of Closed Case Files within last 12 months at time of application:** |  |
| **Are you intending to allow the Auditor access to private files in addition to legal aid files?**  **Note:** Typically, this will only apply for Pre-Audits and where there are an insufficient no. of Legal Aid files available | **Yes / No** |

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| **Legal Aid Categories Of Law:** (Please identify the categories where you hold a contract with the LAA) | | | |
| **Category** | | **Category** | |
| Prison Law |  | Family |  |
| Crime |  | Special Educational Needs |  |
| Action Against Police etc. |  | Housing (Including HPCDS) |  |
| Community Care |  | Immigration (Including Immigration Removal Centres) |  |
| Clinical Negligence |  | Mental Health |  |
| Debt |  | Public Law |  |
| Discrimination |  | Miscellaneous |  |
| Welfare Benefits |  |  |  |

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| **Invoicing Details:** Please note**,** Audit fees will be invoiced prior to any audit activity commencing**.** | |
| **Purchase Order Ref No:** *(Where appropriate)*  **Alternative Address and Contact for invoicing**: *(Where appropriate)* | |
| **Special Circumstances to be considered:**  i.e. Coronavirus working arrangements / Furlough leave arrangements for staff / Welsh speaking Auditor required / File Retrieval issues if closed files are held in archive off site / New Start up firm or New Contract / Special Invoicing Arrangements etc | |
| **Submission of your application form:** | | |
| **Electronic applications are the preferred format and should be submitted to** [**sqm@recognisingexcellence.co.uk**](mailto:sqm@recognisingexcellence.co.uk) **Alternatively please post to Recognising Excellence, Unit 3 Twigworth Court Business Centre, Tewkesbury Road, Twigworth, Gloucester, GL2 9PG**  **Documentation to support your application:**  **MANDATORY FOR NEW APPLICANTS:**  Office Manual incl. all supporting documentation identified within Preparation Guide, Staff List and supplementary documentation should be included with your completed application form.  **POST QUALITY MARK APPLICATIONS:** Office Manual incl. all supporting documentation identified within Preparation Guide and Staff List. Open/Closed Case File List can follow no later than 15 working days in advance of the agreed date for audit.  **Mandatory Documentation Enclosed: Yes No To follow**  Quality Manual and Supporting documentation identified in Prep Guide  Staff List (by office where applicable.)  Case File List (open and Closed) (by category where applicable.)  Sample Client Care Letter  Equality and Diversity Data Collection Form  Completed Self Assessment Checklist | | |
| **Declaration:** | | |
| 1. | The information collected in this form is used by Recognising Excellence (‘RE’), as ‘data processor’ on behalf of the LAA –Legal Aid Agency, as ‘data controller’ in order to process your SQM audit application. This includes sharing the details of any personnel revealed by forms and employee lists with our Auditor team, acting as a Sub Contractor/Processor contracted to RE. You may also be requested to forward the employee list directly to the Auditor.  Recognising Excellence is complying with current data protection legislation, the Data Protection Act 2018 and the UK General Data Protection Regulation 2016/679 (GDPR) or any codes of practices issued by the Information Commissioner from time to time.  Your rights under GDPR are explained in the Legal Aid Agency’s Privacy Policy <https://www.gov.uk/government/organisations/legal-aid-agency/about/personal-information-charter> and the Recognising Excellence’s Privacy Policy [http://www.recognisingexcellence.co.uk](http://www.recognisingexcellence.co.uk/recognising-privacy-policy/) | |
| 2. | You will be responsible for ensuring that you have provided any necessary notifications to or obtained any necessary consent from your employees under the Data Protection Act in order to allow your organisation to share the list of employees with us. | |
| 3. | The relevant audit fee must be paid in full prior to any audit activity commencing with RE’s appointed Auditor. The audit fee is payable irrespective of the audit outcome. | |
| 4. | It is your responsibility to ensure that key personnel, including Supervisors are available on the audit date that is agreed with RE’s appointed Auditor. If key personnel are not available on the day, it may not be possible to complete the audit process and a revisit will be required which will incur additional costs to you. | |
| 5. | You agree to act upon any remedial action that may be identified as part of the audit process within a maximum period of 28 days following the onsite audit. | |
| 6. | Audit activity is subject to a cancellation fee of 60% of the applicable audit fee plus VAT if the audit is cancelled or postponed at your request, within 20 working days of the agreed on-site date with RE or the Auditor. If the audit is cancelled within 10 working days or less, of the agreed on-site date, 100% of the audit fee will be charged. | |
| 7. | By signing this form you are accepting RE’s offer to arrange audit activity set out above subject to RE’s standard Terms and Conditions of Business which are published on the RE website at [www.recognisingexcellence.co.uk](http://www.recognisingexcellence.co.uk) | |
| I confirm that I have read and understood the terms set out above and in the RE Terms and Conditions of Business and agree to the terms as stated.  I confirm that I am authorised on behalf of the Organisation stated on this form to complete and submit the application form.  Signed on behalf of the Organisation by an authorised signatory  Signature: ....................................................................................................... Date: ........ / .............. / .............  Full Name: ...................................................................................................... Position: ................................ | | |

**Appendix One Additional Offices (please complete as appropriate)**

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| **Additional Business Address (2)** | | | | | | | | | |
| Address:  Postcode:  Telephone  E-mail Address: | | | | | | | | | |
|  | **Role Type** | | | | | | | | |
| **Staff Member Initials:** | **Supervisor** | **Fee Earner** | **Trainee Fee Earner** | **Designated Fee Earner** | **Quality Rep** | **Complaints** | **Equality and Diversity** | **Finance** | **Admin/Other** |
| *Example:* | *X* | *X* |  |  | *X* | *X* | *X* |  |  |
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| **Total No. of Volunteers By Role** |  |  |  |  |  |  |  |  |  |
| **Total No. of Individual by Role** |  |  |  |  |  |  |  |  |  |
| **Total No. of Full Time Equivalent by Role** |  |  |  |  |  |  |  |  |  |
| **Additional Comments:**   * *e.g. No Trainees, xxx is prison law supervisor and crime fee earner* | | | | | | | | | |

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| **Additional Business Address (3)** | | | | | | | | | |
| Address:  Postcode:  Telephone  E-mail Address: | | | | | | | | | |
|  | **Role Type** | | | | | | | | |
| **Staff Member Initials:** | **Supervisor** | **Fee Earner** | **Trainee Fee Earner** | **Designated Fee Earner** | **Quality Rep** | **Complaints** | **Equality and Diversity** | **Finance** | **Admin/Other** |
| *Example:* | *X* | *X* |  |  | *X* | *X* | *X* |  |  |
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| **Additional Business Address (4)** | | | | | | | | | |
| Address:  Postcode:  Telephone  E-mail Address: | | | | | | | | | |
|  | **Role Type** | | | | | | | | |
| **Staff Member Initials:** | **Supervisor** | **Fee Earner** | **Trainee Fee Earner** | **Designated Fee Earner** | **Quality Rep** | **Complaints** | **Equality and Diversity** | **Finance** | **Admin/Other** |
| *Example:* | *X* | *X* |  |  | *X* | *X* | *X* |  |  |
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| **Additional Comments:**   * *e.g. No Trainees, xxx is prison law supervisor and crime fee earner* | | | | | | | | | |

Please continue as appropriate