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**Specialist Quality Mark (SQM)**

**Application for Audit**

**Section One: 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:** *(Please include all offices that deliver the Legal Aid Contract)* |  | **Location of Additional Offices:** |  | |
| **Website Address:** |  | | | |
| **Generic Email 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) | |  | |

**Section Two: Audit Requirements**

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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 Applicant:** | Desktop Audit  and  Pre-Quality Mark Audit | | **Existing SQM Holder:** | Post Quality Mark Audit | |
| **New Applicants only:** |
| |  |  | | --- | --- | | **Deadline for Desktop Audit Completion:** (Please detail any deadlines you are working to, typically linked to verification deadlines with LAA) |  | | **Is the firm currently trading with open and closed files available for audit?** | **Yes / No**  **If No please indicate the timescale for when the firm will commence trading:** | | **Are you intending to allow the Auditor access to private files in addition to legal aid files?** | **Yes / No / NA** | | **Special Requests/Circumstances to Consider:** E.g. (Home working arrangements / 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 |  | | **Invoicing Details:**  Note: Audit fees must be paid in full prior to the audit taking place. An invoice will be sent upon receipt of your completed application form. | | | **Purchase Order Ref No:** *(Where appropriate)*  **Alternative Address and Contact for invoicing**: *(Where appropriate)* |  | |
| **Existing Holders only:** |
| |  |  | | --- | --- | | **Deadline for SQM Audit Completion:** (Expiry date of current accreditation certificate) |  | | **Preferred Dates for audit: Note:** (Please note a minimum of 6-weeks notice is required/ Please consider the expiry date of the current certificate of accreditation and any period of corrective action that may apply following the audit when identifying your preferred date) |  | | **Special Requests/Circumstances to Consider:** E.g. (Home working arrangements / 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 |  | | **File Access:** Please confirm how case files will be made available during the audit:  Paper Files  Case Management System  Mix of Both  **How much notice is required to retrieve closed files from archive:** | | | **No. of Open Case Files at time of application:** |  | | **No. of Closed Case Files (within last 12 months):** |  | | **Are you intending to allow the Auditor access to private files in addition to legal aid files?** | **Yes / No / NA** | |
| **Invoicing Details:**  Note: Audit fees must be paid in full prior to the audit taking place. An invoice will be sent upon receipt of your completed application form. |
| **Purchase Order Ref No:** *(Where appropriate)*  **Alternative Address and Contact for invoicing**: *(Where appropriate)* |

**Section Three: Service Delivery Details**

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| **Legal Aid Categories Of Law:**  (Please identify the categories where you hold a contract with the LAA/are intending to hold a legal aid contract) | | | |
| **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 |  | Private Files (non LAA Contracted work) |  |

**Section Four: Staffing Profile**

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| **Staffing Profile: Please complete this section as fully as possible**   * Please identify the individuals for each role supporting the delivery of the legal advice (not full time equivalent). * Please indicate where individuals cover more than one 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 identify the office location of each staff member * **New Starters** – please use the last column on the table below to indicate any individuals that have been in post less than 12 months |

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| **Staff Member Initials** | **Category of Law** | **Office Location** | **Supervisor** | **Fee Earner** | **Trainee Fee Earner** | **Consultant / Police Station Representative/ Designated Fee Earner** | **Quality Representative** | **Complaints Manager** | **Equality and Diversity Manager** | **Data Protection Officer** | **Administration Staff** | **Finance Staff** | **New Starters** |
| ***Example: PD*** | ***Crime*** | ***Cambridge – Station Road*** | ***Yes*** | ***Yes*** |  |  | ***Yes*** | ***Yes*** | ***Yes*** | ***Yes*** |  |  |  |
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| **Total No. of Individual by Role** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total No. of Full Time Equivalent by Role** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Additional information we should be aware of:** | | | | | | | | | | | | | |
| * ***e.g. Two members of staff work from home (PD and AJ)*** * ***Sole practitioner firm – no support staff*** | | | | | | | | | | | | | |

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| **Section Five: Mandatory Documentation to support your application**  **Applications should be submitted electronically via** [**sqm@recognisingexcellence.co.uk**](mailto:sqm@recognisingexcellence.co.uk)  **New Applicants:**   |  |  | | --- | --- | | **Mandatory Desktop Documentation Enclosed:** | **Yes / No** | | Completed Application Form |  | | Office/Quality Manual |  | | Staff List (by office where applicable) |  | | Business Plan |  | | Job Descriptions for all Key Roles |  | | Sample Client Care Letter |  | | Complaints Policy |  | | Self-Assessment Checklist |  | | Equality and Diversity Data Collection Form |  |   **Existing SQM Holder Applications:**   |  |  |  | | --- | --- | --- | | **Mandatory Documentation** | **Submitted with the Application Form**  **Yes / No** | **To Follow** | | Completed Application Form |  |  | | Office/Quality Manual |  |  | | Staff List (by office where applicable) | **Mandatory with application form** |  | | Business Plan |  |  | | Job Descriptions for all Key Roles |  |  | | Open File List (Including File Reference Number, Opening Date, Caseworker name, Category of Law) |  |  | | Closed File List (Last 12 months. To include File Reference Number, Closing Date, Caseworker Name, Category of Law) |  |  | | Sample Client Care Letter |  |  | | Complaints Policy |  |  | | Self-Assessment Checklist |  |  | | Equality and Diversity Data Collection Form |  |  |  |  | | --- | | ***Note: Mandatory documentation must be received no later than 15 working days prior to the agreed audit date to ensure that they have appropriate time to review and prepare for your audit. Failure to submit the required documentation within this timeframe may result in a postponement to the agreed date.*** | | |
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| **Section Six: Terms and Conditions and Declaration** | |
| **Declaration:** | |
| 1. | The information collected in this form is used by Recognising Excellence (‘RE’), as ‘data processor’ on behalf of the Legal Aid Agency (LAA), 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. We reserve the right to cancel an arranged audit in the event that the audit fee remains unpaid in the 48 hours prior to audit commencement. |
| 4. | It is your responsibility to ensure that key personnel, including Supervisors and those individuals appointed to key roles within the firm, 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 corrective action that may be identified as part of the audit process within a maximum period of 28 days following the onsite audit. |
| 6. | You agree to ensure all mandatory documentation identified above is provided no later than 15 working days prior to the agreed audit date, if not submitted along with your completed application. You have noted that in instances where the information is not provided within this time frame, the audit may be postponed to a later date. |
| 7. | 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 48 hours of the scheduled audit date. |
| 8. | 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: Click or tap to enter a date.  Full Name: ...................................................................................................... Position: ................................ | |