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**Application Form for the Advice Quality Standard (AQS)**

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| ***\*\*\*\*\*NEW Applicants / First Time Assessment\*\*\*\*\****  **N.B If you are a new client applying for a Desktop Audit, please do not submit this Application Form without your supporting documents (i.e. policies and procedures required for a Desktop) and completing Appendix 1 Desktop Audit Checklist at the back of this form. We will not be able to proceed with your application without these documents and a completed Checklist.** |

**Section One: Overview Organisation and Essential Information**

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| **Name of Organisation:** *(Please ensure that this is the full legal name for certification purposes)* | | | | | |
|  | | | | | |
| **Previously known as:** *(Please complete if your name has changed since last assessment)* |  | | | | |
| **Principal Address:** *(This information will be displayed on the AQS On-Line Directory once accreditation has been awarded)* | **Address:**  **Postcode:** | | | | |
| **Main Telephone Number:** |  | | | | |
| **Generic Email Address:** |  | | | | |
| **Website Address:** |  | | | | |
| **Number of Outlets:** *(complete if applicable)*  *Do you deliver your advice service from more than one set of premises? Please provide additional address details in Section 8.* |  | | | How many outlets are applying for AQS? |  |
| **Welsh Government Funded Assessment:** | Yes | |  | No |  |
| **Do you charge a fee for your advice services?** | Yes | |  | No |  |
| **Nominated AQS Representative:** The individual responsible for managing the assessment process | | | | | |
| **Primary Point of Contact:** | | | | | |
| **Full Name:** | |  | | | |
| **Position:** | |  | | | |
| **Email:** | |  | | | |
| **Direct Telephone Number:** | |  | | | |
| **Deputy Point of Contact:** | | | | | |
| **Full Name:** | |  | | | |
| **Position:** | |  | | | |
| **Email:** | |  | | | |
| **Direct Telephone Number:** | |  | | | |

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| **Channels of Advice Delivery:**  *Please tick as appropriate:* |  | **Geographical Coverage**  *Please tick as appropriate* |  |
| **Face to Face** |  | **UK** |  |
| **Telephone** |  | **England** |  |
| **Email** |  | **Wales** |  |
| **Digital** |  | **Please identify your exact local authority area(s):** |  |
| **Other** |  |

**Section Two: Assessment Requirements**

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| **Application Level: Which level of the AQS are you seeking accreditation?** (Please tick as appropriate) | | | | | | | | | | |
| **AQS Advice Only (AO)** | | | General information and assistance | | | | | |  | |
| **Advice with Casework (CW)** | | | Acting on behalf of the client including negotiation and advocacy | | | | | |  | |
| **Type of Assessment Required:**(Please indicate whether you are a new client applying for desktop and initial assessmemt, or if you are an existing Advice Quality Standard holder applying for a monitoring assessment) | | | | | | | | | | |
| **Initial Assessment**  **(Including desktop review)** | |  | | | **Monitoring Assessment** | | |  | | |
| **Categories of Advice**: (Please tick the relevant categories that you are applying for accreditation against. If applying for casework level accreditation, please ensure advice has been provided for your chosen category within the last 12 months) | | | | | | | | | | |
| **Subject Based Categories** | **Advice Only** | | | **Casework** | | **Client Based Categories** | **Advice Only** | | | **Casework** |
| **Welfare Benefits** |  | | |  | | **Disability** |  | | |  |
| **Housing** |  | | |  | | **Young People** |  | | |  |
| **Debt** |  | | |  | | **Older People** |  | | |  |
| **Employment** |  | | |  | | **Refugees and Asylum Seekers** |  | | |  |
| **Consumer / General Contract** |  | | |  | | **Race Equality** |  | | |  |
| **Health and Community Care** |  | | |  | | **Women** |  | | |  |
| **Immigration** |  | | |  | | **Students** |  | | |  |
| **Family Law** |  | | |  | |  |  | | |  |

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| **Preferred Dates for assessment:**  **Note:** Please consider the expiry date of the current certificate of accreditation when identifying your preferred date (i.e suggested dates should not go beyond your expiry date). |  |

**Section Three: Client Profile**

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| **Please provide a breakdown of you client/service user activity** | | | | | |
| **Total No. of cases opened in the last 12 months** |  | **No. Advice only** |  | **No. Casework** |  |

**Section Four: Service Information:**

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| **Describe below the advisory services you provide, and details of any specific client group(s) that you service** | | |
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| **Recognised Representative Body (ies):** | | |
| If you are a member of a representative organisation, please tell us which one | **Name (s):** *e.g. Advice UK, Carers Trust, Shelter* | |
| **Regulatory Bodies (Please provide details of any regulatory bodies that you are approved by including license / registration numbers)** | | |
| **Financial Conduct Authority (FCA)** | |  |
| **Office of the Immigration Service Commissioner (OISC)** | |  |
| **Other (Please detail)** | |  |

**Section Five: Invoicing Details**

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| **Invoicing Details:** | |
| **Purchase Order Ref No:** *(Where appropriate)* |  |
| **Alternative Address and Contact for invoicing**: *(Where appropriate)* |  |

**Section Six: Staffing Profile**

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| **In order to scope the duration and calculate the cost of your assessment accurate staff and volunteer information is required so that we are able to identify the number of individuals for each role supporting the Advice Service. Thinking about the different sections within the AQS and central functions that support your advice service please complete the table below.**  **\*Please include at least one trustee who can be included in the assessment and any external supervisors that you may have in place.**  **\*Please do not double count staff as this may increase the duration of your assessment unnecessarily.** | | | | | | |
| **Please confirm the number of hours that constitutes a full-time working week within your organisation** | | | | | *e.g. 37.5 hours* | |
| **Staff Member Initials** | **Office Location** | **Job Title** | **Employed** | **Volunteer** | **FT/PT** | **Where volunteers are used, please provide additional information regarding working patterns and hours of contribution per week / month etc:** |
| *Example: PD* | *Cambridge – Station Road* | *Chief Officer* | ✓ |  | *FT* |  |
| *Example: EM* | *Cambridge – Station Road* | *Supervisor* | ✓ |  | *FT* |  |
| *Example: AM* | *Cambridge – Station Road* | *Adviser* |  | ✓ | *PT* | *Our volunteer adviser works 3 hours a week on a Wednesday* |
| *Example: LR* | *Cambridge – Station Road* | *Caseworker* | ✓ |  | *PT* | *Our caseworker works Tues, wed, Thurs only* |
| *Example: AJ* | *Cambridge – Station Road* | *Dual Adviser/Caseworker* | ✓ |  | *FT* |  |
| *Example: NW* | *Remote* | *Support Worker (e.g. Triage/Admin Support)* | ✓ |  | *PT* | *Mondays, Wednesday and Friday, 10.00- 2.00pm* |
| *Example:TF* | *Trustee* |  |  |  |  |  |
|  |  | ***Please add more rows where required*** |  |  |  |  |
|  |  |  |  |  |  |  |
| **Where pro bono solicitors or law students are used, please provide additional information regarding working patterns and hours of contribution per week / month:**  *Example: Our 45 duty scheme volunteers volunteer twice per quarter, taking one case each time, working on a case for approx. 10-20 hours over the course of a week including representation at the Tribunal*  *Example: We have 65 volunteer solicitors who are on a rota to provide advice at our Free Legal Advice sessions, each giving around 2 hours every other month.*  *Example: Volunteer hours vary, with a majority giving around 4 hours a week, although some do volunteer up to 3 days a week. A large proportion are University law students and do not volunteer over the summer break.* | | | | | | |

**Section 7: Terms and Conditions**

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| **Please email your signed application to** [**aqs@recognisingexcellence.co.uk**](mailto:aqs@recognisingexcellence.co.uk)   * **MANDATORY FOR NEW APPLICANTS:**  Supplementary documentation should be included with your completed Application Form (please see Appendix A) * **MONITORING ASSESSMENT APPLICATIONS:** Supporting documentation can be agreed with your Assessor once your application has been accepted. * **NB. An invoice will be sent on completion of the assessment process. Please do not send payment with your application submission.** | | |
| **Declaration:** | | |
| 1. | The information collected in this form is used by Recognising Excellence (‘RE’) as ‘data processor’ on behalf of the Advice Services Alliance as ‘data controller’ in order to process your Advice Quality Standard audit/application. This includes sharing the details of any personnel revealed by CASE WORK forms and employee lists with our Auditors, acting as Sub Contractor/Processor contracted to RE. You may be requested to forward the employee list directly to the Auditor. We do not use this information to carry out any direct marketing to employees.  Recognising Excellence is complying with current data protection legislation, the General Data Protection Regulation (GDPR) and Data Protection Act 2018 or any codes of practices issued by the Information Commissioner from time to time.  Your rights under GDPR are explained in the Advice Services Alliance’s Privacy Policy <http://asauk.org.uk/about/advice-services-alliance-privacy-notice/> and the Recognising Excellence’s Privacy Policy [http://www.recognisingexcellence.co.uk](http://www.recognisingexcellence.co.uk/recognising-privacy-policy/) | |
| 2. | Please inform your employees about how we intend to use their data. As details relating to membership of any trade union are deemed personal, please only include details of any trade union representatives if you have obtained their explicit consent. By including such details in this form or any ancillary document, you are warranting that the consent of such representative(s) has been obtained and the use of data agreed. | |
| 3. | 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 2018 in order to allow your organisation to share the list of employees with us. | |
| 4. | The audit activity is subject to a cancellation fee of 60% of the applicable assessment fee plus VAT if the audit is cancelled or postponed within 30 working days of the desktop audit date or on-site date agreed with RE or the Assessor. The full assessment fee plus VAT will be invoiced if the cancellation or postponement is advised within 10 working days of the agreed desktop audit date or on-site date agreed with RE or the Assessor. | |
| 5. | 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) | |
| 6. | Upon accreditation, your accreditation status and contact details will be placed within the AQS On-Line Directory/Welsh Government Directory and may be shared with funding providers e.g. Money and Pensions Service. If you do not wish your accreditation status to be made public, please indicate below:  I consent / I do not consent to my organisations AQS accreditation status being made publicly available either through the On-Line Directory/Welsh Government Directory or in response to requests from funders. | |
| **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:**  **Signed on behalf of the Organisation by an authorised signatory.** | | |
| **Signature** | |  |
| **Full Name** | |  |
| **Position** | |  |
| **Date** | |  |

**Section Eight: Multi Sited Assessments**

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| **Please provide details for multi sited assessment applications** | |
| **Additional Addresses (if appropriate):** | |
| **Additional Business Address (1)** |  |
| **Telephone:** |  |
| **E-Mail:** |  |

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| **Additional Addresses (if appropriate):** | |
| **Additional Business Address (2)** |  |
| **Telephone:** |  |
| **E-Mail:** |  |

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| **Additional Addresses (if appropriate):** | |
| **Additional Business Address (3)** |  |
| **Telephone:** |  |
| **E-Mail:** |  |

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| **Appendix 1 – Mandatory Desktop Audit Checklist**  **N.B For further guidance please refer to the guidance sections in AQS v4** | | |
| **Policy/Document/Process Required:** | **Submitted:** ✓ / x | **Comments/Notes if relevant:** |
| Strategy including the following:   * Mission * Vision * Core Values * Strategic Objectives * Client groups served * Resources * Main types of service delivery |  |  |
| Business/Annual/Work Plan - underpins your Strategy maybe referred to as:   * Work Plan * Annual Plan * Operational Plan |  |  |
| Equity, Diversity & Inclusion Policy – should cover:   * Employees * Volunteers * Trustees * Service Users/Clients * Equality Act 2010 |  |  |
| Signposting and Referral Procedure   * Definition * Selection Criteria * What is discussed with the client? * Client Consent * Where they are recorded * Directory of external services * Reference to the AQS Directory * Seeking referral feedback * Annual Review of referrals (incoming and outgoing) |  |  |
| Governing document e.g.   * Constitution * Memorandum and Articles of Association |  |  |
| Organisation Structure |  |  |
| ICO Registration Certificate |  |  |
| Professional Indemnity Insurance  (Different to Public Liability and Employer Liability – minimum level of cover £500k) |  |  |
| Risk Assessment  This should go beyond Health Safety and should cover the service, including for example:   * Operational * Finance * HR * IT * Governance |  |  |
| Financial Procedures |  |  |
| Last set of independently audited/examined accounts |  |  |
| Recruitment Procedure (include Equality Act 2010) |  |  |
| Induction Procedure (must also cover those changing roles within the organisation) |  |  |
| Appraisal Procedure |  |  |
| Supervision Procedure |  |  |
| Relevant Job Descriptions |  |  |
| Disciplinary Procedure |  |  |
| Grievance Procedure |  |  |
| Whistleblowing Policy |  |  |
| Dignity at Work Policy (Bullying & Harassment) |  |  |
| Health & Safety Policy (covering staff wellbeing) |  |  |
| Safeguarding Policies |  |  |
| Training and Development Policy |  |  |
| Process in place to provide timely information to staff about changes in the law pertinent to their service delivery e.g. subscription to CPAG, Rightsnet.  **This may be included in your T & D Policy.** |  |  |
| Data Protection Policy |  |  |
| IT Policy Policy |  |  |
| Privacy Policy |  |  |
| File Review Procedure |  |  |
| File Review Checklist |  |  |
| Case Management/File Management Procedures including:   * Case Allocation * Key Dates * How clients are kept up to date on progress * Where it may be necessary to write to clients * How clients are informed of outcomes * Case Closure * Retention of records (6 years minimum) |  |  |
| Conflict of Interest Policy must cover the following scenarios:   * Acting for both sides in a dispute * The client’s case involves a member of the organisation’s staff or management committee/ Board of Trustees * The client is presenting a case that the adviser or another member of staff knows is based on false information * The client’s case involves or potentially involves undertaking action against the organisation or a funder. |  |  |
| Client Consent/Authorisation Form |  |  |
| Confidentiality Policy |  |  |
| Client Charter and/or Client Care letter |  |  |
| Complaint Policy |  |  |
| Quality Policy |  |  |
| Client Feedback Procedure |  |  |