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| **QUALITY MARK STANDARD FOR** **MEDIATION APPLICATION FORM**Form QMM |  |

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| Name of Organisation | Reference No. (for LAA use) |
|       |       |
| Multi Office Organisation (complete if applicable) |
|  How many presences (main offices and outreach) does your organisation have?        |
| Main Service Address |
| Address      | Telephone      |
|       | Fax No.      |
|       | E-mail address      |
|       | Contact number for this application (if different to main Service No.)       |
| Postcode      |  |
| Quality Representative |
| (The person who will be the contact for the application and audit process, and to whom information on the Quality Mark Standard for Mediation will be sent) | Name:       |

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| Service Information |
| Describe the mediation services you provide, and your catchment area. |       |
| Give details of any specific client group that you serve. |       |

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| Recognised Representative Bodies |
| If you are a member of a representative organisation for the Mediation profession, please tell us which organisation(s) and the date you joined. | 1) Name:       Date Joined:      2) Name:      Date Joined:      3) Name:      Date Joined:       |
| Quality Standards |
|  |  |
| If you are certified against any independently audited quality standard(s), please tick the relevant box(es) to confirm which (if any): |
| Charter Mark | [ ]  |  | Investors in People | [ ]  |  |
| Lexcel | [ ]  |  | ISO Standards | [ ]  |  |
| Other (please give details):        |

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| Declaration |

**Please confirm that a member of your organisations Key Personnel has verified the information provided in this form and can vouch it is accurate.**

Tick Box to confirm: [ ]

Date:       (day / month / year)