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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)