

Lexcel England and Wales v6.1

Application form

*Excellence in legal practice management and client care*

**Application form - Lexcel England and Wales v6.1**

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| **Step 1 – Complete self assessment and arrange assessment visit** |
| * When applying for Lexcel for the first time you will need to read the Lexcel Standard and Scheme rules, available to download at [www.lawsociety.org.uk/accreditation/lexcel/apply-for-lexcel](file:///\\Client\..\DC02TLS\mydocs\TEMPORARYOUTLOOKAREA\www.lawsociety.org.uk\accreditation\lexcel\apply-for-lexcel) * Complete a self-assessment checklist, which will help you to determine any areas you should correct prior to assessment. All requirements must be in place at least three months before the date of the first assessment. The self-assessment checklist can be downloaded at: [www.lawsociety.org.uk/accreditation/lexcel/apply-for-lexcel](file:///\\Client\..\DC02TLS\mydocs\TEMPORARYOUTLOOKAREA\www.lawsociety.org.uk\accreditation\lexcel\apply-for-lexcel) * Select an assessment body from [www.lawsociety.org.uk/accreditation/lexcel/assessors-consultants](file:///\\Client\..\DC02TLS\mydocs\TEMPORARYOUTLOOKAREA\www.lawsociety.org.uk\accreditation\lexcel\assessors-consultants). You must select an assessor via one of our three assessment bodies. They are licensed by the Law Society which ensures that the process is independent, objective and maintains rigorous quality control. Each assessment body will be able to advise you on how the assessment will be conducted. You will also need to send your completed self-assessment checklist to your chosen assessment body prior to the assessment. * When sending in your application, please allow six weeks for it to be processed. |
|  |
| **Step 2 – Complete the application form** |
| * This application form should be completed in conjunction with reading the Lexcel scheme rules. * The application form is designed to be completed electronically in Microsoft Word (1997 and later). Use the ‘tab’ key to progress through the form. Answers require a combination of typed answers, choosing an option from a drop-down menu or confirmation using a check box. You are also required to provide separate supporting documentation, which must be submitted along with this completed application form. * In this application form, the term **practice** refers to both private practices and in-house legal departments, unless otherwise stated. * Section 1 – To be completed by the **senior responsible officer** (SRO) for private practices and for in-house legal departments. Check that the information provided is true and accurate before signing the declaration. * If there are any developments affecting your practice after submission of this form that would affect the answers given (whether in relation to complaints, claims, regulatory matters, changes to relevant persons or otherwise), you must notify the **accreditation office** of the development(s) as soon as possible and, in any event, within 14 days of the change or the decision to make the change, whichever is the earlier. * Please keep a copy of your completed application form for your records. |
|  |
| **Step 3 – Return your application to us** |
| * Email your completed application form to us. Please do not make payment when submitting your application. Upon receipt of your application, the amount payable will be determined and an invoice will be sent to the senior responsible officer. * When emailing your application, please do not send files exceeding 18MB. If necessary, please send your supporting documents in separate emails. |
|  |
| **Questions?** |
| We cannot process your application if any relevant data or documentation is missing from your application form. If you are unable to resolve your query using guidance information provided, please contact us:  **Tel:** 0207 320 5933 **Email:** [lexcel@lawsociety.org.uk](mailto:lexcel@lawsociety.org.uk) |

# Section 1 - General information

## A - Office details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name of **practice** |  | | |
|  | **Practice**’s main office SRA ID |  | | |
|  | **Practice**'s main office postal address |  | | |
|  | **Practice**'s main office DX (if applicable) |  | | |
|  | **Practice**'s main office telephone number (including international dial code) |  | | |
|  | **Practice**'s main office website address |  | | |
|  | **Practice**’s main office email address |  | | |
|  | **Private practices only**  How many years has the **practice** been established as currently constituted?  If less than three years, please give the **practice**'s start date and details of changes of name and constitution. | No. years:  Start date (MM/YYYY):  Additional detail: | | |
|  | Name all branch office(s)  Lexcel must be applied for by the entire legal department or private practice within a jurisdiction.  If you have more than three branches, please provide details of the additional branches on a separate sheet.  Check box to confirm additional branches listed on separate sheet | **Branch 1** | **Branch 2** | **Branch 3** |
|  |  |  |
|  | Branch SRA ID |  |  |  |
|  | Branch's postal address | Address:  Town/City:  County:  Postcode: | Address:  Town/City:  County:  Postcode: | Address:  Town/City:  County:  Postcode: |
|  | Branch's telephone number |  |  |  |
|  | **Private practices only**  Has the **practice** been involved in a merger/demerger in the past five years?  If 'Yes', provide full details, including the names of the partners involved, any previous trading or practice names and the SRA practice numbers for the practices involved. |  | | |
|  | Is the **practice** planning a significant increase or decrease in staff over the next 12 months?  If 'Yes', please provide details. |  | | |

## B - SRO contact details

|  |  |  |
| --- | --- | --- |
|  | Name |  |
|  | Title (Mr, Miss, Mrs, Ms, Dr, etc) |  |
|  | Job title |  |
|  | Telephone number |  |
|  | Email address  This is the primary email address that we will use to contact you about your **practice**’s Lexcel accreditation. |  |

## C - Assessment

|  |  |  |
| --- | --- | --- |
|  | Select your chosen Lexcelassessment body |  |
|  | Start date of assessment (DD/MM/YYYY)  Applications cannot be processed without the assessment date. This must be agreed with the assessment body. |  |
|  | Select the type of assessment |  |
|  | Are you applying for Lexcel accreditation or re-accreditation incorporating the Money Advice Service Quality Framework for debt advice? |  |
| If you have answered 'Yes' to question 23, please answer questions 24 - 28. If you have answered 'No' to question 23, please go to question 29. | | |
|  | Are there any limitations to the debt advice you offer?  If 'Yes' please provide details.  No more than 25 words. |  |
|  | Do you offer face-to-face debt advice? |  |
|  | Do you offer debt advice over the telephone?  If 'Yes', please provide helpline number where available. |  |
|  | Does the debt advice you offer cover England? |  |
|  | Does the debt advice you offer cover Wales? |  |

## D - Personnel by office

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Provide figures for the number of personnel at each office in the table below. If there is insufficient space, please continue on a separate sheet and submit with your completed application form. | | | | | | |
| Branch | SRA ID | 1. Number of managers  (including fee earning and non fee earning managers) | | 2. Number of admitted fee earners (including fee earning managers) | 3. Number of non-admitted fee earners | 4. Number of support staff |
|  |  |  | |  |  |  |
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|  |  |  | |  |  |  |
|  |  |  | |  |  |  |
| **Total** |  |  | |  |  |  |
|  | Please enclose an up-to-date list of all staff at the **practice**. Details should include:   * First name and surname * Job title * Department * Office location * Date of joining | | | Check box to confirm staff list included | | | |

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## E - Legal services offered

|  |  |  |
| --- | --- | --- |
|  | Child Care | Employment |
| Clinical Negligence | Family/Matrimonial |
| Corporate/Banking | Immigration |
| Company/Commercial | Personal Injury |
| Commercial Property | Residential Conveyancing |
| Crime | Wills/Probate/Trusts |
| Debt Recovery | Other (please specify) |
| Dispute Resolution |  |

## F - Professional Indemnity Insurance (PII)

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| --- |
| * In-house practices in public bodies do not need to provide PII information. * Where no claims or notification exist, please provide written confirmation from your insurer or broker. |

|  |  |  |
| --- | --- | --- |
|  | * Please provide a copy of the **practice**'s current professional indemnity insurance certificate or policy schedule. * For initial applications, please provide an up-to-date claims/notifications summary (dated no more than three months prior to your assessment date) from each professional indemnity insurer that has provided cover to the **practice** over the last five complete years plus the current year. * For re-accreditation, please provide an up-to-date claims/notifications summary (dated no more than three months prior to your assessment date) from each professional indemnity insurer that has provided cover to the **practice** over the last complete year plus the current year.   *Note: Claimants’ names should be redacted to preserve client confidentiality.* | Check box to confirm included  Check box to confirm included  Check box to confirm included |

## G - Financial information

|  |  |  |
| --- | --- | --- |
|  | **Private practices only**  Has the **practice** had any form of qualification noted on the accountant's report form (AR1) provided under rule 35 Solicitors Accounts Rules 1998 (as amended) or rule 32 SRA Accounts Rules 2011 (as amended) within the last three years for initial applications, within the last 12 months for re-accreditation?  If 'Yes', please provide copies. | Check box to confirm copies included |

## H - Regulatory matters and complaints

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| --- |
| * For initial applications, please provide details covering the last five years. * For re-accreditation, please provide details covering the last 12 months. |

|  |  |  |
| --- | --- | --- |
|  | Has the **practice**, or any of its staff been subject to any regulatory investigation, visits or supervision.  Please identify all matters (including relationship management) irrespective of the outcome and include unresolved matters.  If ‘Yes’, provide full details. |  |
|  | Please provide brief details of the number and nature of all open and closed complaints received by the **practice**, including those referred to the SRA, Legal Ombudsman and Legal Complaints Service.  *Note: Clients’ names should be redacted to protect client confidentiality* |  |
|  | Is there any other conduct by the **practice**, or any of its staff (including any that have left the **practice** for any reason) that may potentially damage the reputation of Lexcel.  Please list anything that has not been covered in questions 34 and 35. This may include but is not limited to any criminal or other investigation that may affect your **practice** and any adverse publicity that may damage the reputation of your **practice** and Lexcel.  If yes, please provide full details. |  |

## I - Quality accreditation

|  |  |  |
| --- | --- | --- |
|  | Is the **practice** a member of, or has it applied for, membership of any other accreditations? For example, CQS, WIQS, ISO9001, ISO14001 or Investors in People?  If ‘Yes’, provide details including the name of the accreditation or scheme, date of joining and the Practice registration number relevant to that scheme.  Has any application for accreditation ever been rejected?  If 'Yes', provide details. | Other scheme name #1:  Date of joining (MM/YYYY):  Registration number:  Other scheme name #2:  Date of joining (MM/YYYY):  Registration number: |

|  |  |
| --- | --- |
| Declaration - Senior responsible officer (SRO) | |
| I hereby apply on behalf of the **practice** for accreditation to the Lexcel Accreditation. I understand and agree that the **practice** will abide by the requirements of Lexcel and the Lexcel **scheme rules** as may be amended from time-to-time by the Law Society. I am duly authorised by its managers to sign this application form.  I declare on behalf of the **practice** that the information given in this application is true and accurate and that I will notify the accreditation office of any developments affecting the **practice** after the date of my declaration that would make any answer herein inaccurate. I understand that if any of the information provided is found to be incorrect, or in the event of a fraud, or serious misconduct being revealed the Law Society reserves the right to revoke, reject or withdraw Lexcel accreditation.  I authorise the Law Society to seek verification of any matters pertinent to a proper consideration of this application including matters pertaining to the **practice**. I also agree that any records held by the Law Society or the SRA or any other relevant professional body may be accessed and used for the purpose of considering the application by the **practice**.  **Assessment**  I confirm that the **practice** will allow a member of the **accreditation office** of the Law Society, or a designated representative, to shadow the Lexcel assessor(s) during the **practice**'s Lexcel assessment, if a visit is deemed appropriate. I confirm that the **practice** understands that this is to review the Lexcel assessor's performance only and a notice period of two working days will be provided.  **Specific and sample checks**  The Law Society reserves the right to conduct specific and sample status checks on a **practice** making an initial or re-accreditation application for Lexcel. I authorise the **accreditation office** to make conduct or disciplinary enquiries with the **practice**'s regulatory or relevant professional body.  **Insurance Information**  I authorise this **practice**’s current (and any previous) professional indemnity insurer to release to the Law Society evidence of the number of paid and reserved claims relating to this **practice** and any of its predecessor practices over the last five years plus the current year and any other relevant information as may be required in processing this application.  In respect of any predecessor **practice** a former principal in that **practice** must also countersign this authorisation.  I confirm that on behalf of the **practice** it is understood and agreed that details of the **practice**’s membership of this accreditation will be published from time-to-time by the Law Society. The **practice** name will appear on the Lexcel accredited practice list and this data will be shared with external stakeholders and consumers.  Data Protection Act 1998  I understand that any details ('the data') collected about the **practice** in relation to this application may be shared with the Solicitors Regulation Authority for regulatory purposes.  Data Protection Notice  The **accreditation office** will scan all hard copy application forms and supporting documentation into PDF or similar format. All scanned documents will be saved into the **practice**'s electronic folder held by the **accreditation office**. Hard copy documentation will be destroyed via the Law Society's secure confidential document destruction provider. This complies with our legal obligation under the Data Protection Act 1998 not to keep records containing personal data for any longer than is necessary to conduct our business. | |
| Signature | For electronic applications: I have read and understood the declaration above. Please check box to confirm your acceptance |
| Name (BLOCK CAPITALS) |  |
| Job title |  |
| Date (DD/MM/YYYY) |  |

# Section 2 - Supporting documentation checklist

Please check the boxes below to confirm that the relevant documentation is included with your application.

* **Non-original documentation** - Scan the supporting documentation and attach to your email, along with the completed application form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Non-original documentation (send by email)** | | | |
|  | **Additional branch office details**  Section 1, A - Office details |  | **Copies of qualification on accountants' report form (AR1)**  Section 1, G - Financial information |
|  | **Staff list**  Section 1, D - Personnel by office |  | **Regulatory and complaints information - if applicable**  Section 1, H - Regulatory matters and complaints |
|  | **Professional indemnity insurance - claims and notifications summary**  Section 1, F, Professional Indemnity Insurance  Where no claims or notification exist please provide a letter from your insurer/broker confirming this status |  |  |

# Section 3 - How to pay and return your application form

Please do not make payment when submitting your application. Upon receipt of your application, the amount payable will be determined and an invoice will be sent to the senior responsible officer. Pricing can be found on our website at: [www.lawsociety.org.uk/Lexcel-Fees](http://www.lawsociety.org.uk/support-services/accreditation/lexcel/lexcel-fees/).

* Upon receipt of your invoice, please make payment by bank transfer, credit or debit card.
* The terms of your invoice are immediate. Accreditation will not be awarded until payment has been received in full.
* If payment has not been received within 30 days of the invoice date, your application will be withdrawn.

|  |  |
| --- | --- |
| **Payment method** | **Instructions** |
| **Bank transfer (BACS)** | * Email your completed application form to us at [lexcel@lawsociety.org.uk](mailto:lexcel@lawsociety.org.uk) * Upon receipt of your invoice, pay directly to our bank: Quote the invoice number as the payment reference. |
| **Credit or debit card** | * Email your completed application form to us at [lexcel@lawsociety.org.uk](mailto:lexcel@lawsociety.org.uk). * Upon receipt of your invoice, please telephone the cashiering team on 0121 329 6100 (option 2) to make payment. |

|  |  |
| --- | --- |
| **Billing address** | |
| Is your **billing address** the same as your **practice's** **main office** address provided in Section 1A?  If 'No', please provide your billing address below |  |
| **Billing address**  Complete if different from the address for your practice's main office | Address line 1:  Address line 2:  Address line 3:  Town/city:  County:  Postcode: |

**Invoice query?**

Contact the credit control team at [creditcontrol@lawsociety.org.uk](mailto:creditcontrol@lawsociety.org.uk) or telephone: 0121 329 6100 (option 3).

**Payment query?**

Contact the cashiering team at [cashiers@lawsociety.org.uk](mailto:cashiers@lawsociety.org.uk) or telephone: 0121 329 6100 (option 2).