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|  | **Organisation Application Form** | **Office use only** |
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| Address: Advocate DX,  50-52 Chancery Lane, London, WC2A 1HL  DX 188 London Chancery Lane  Email: [enquiries@weareadvocate.org.uk](mailto:enquiries@weareadvocate.org.uk);  Tel: 020 7092 3960 (voicemail only, we will return your message within a few days) | |  |



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| **Introductory notes** | | | | |
| We can only help if you cannot get public funding and cannot afford to pay privately. Please note that if you have a business dispute you may benefit from applying to us through a solicitor or advice agency.  Any hearing date or deadline must be **more than three weeks away** (unless there are exceptional circumstances).  In most cases, we can only help where an individual piece of work will take **3 days or less** including preparation time for a barrister.  Unfortunately, we cannot guarantee to help and **conduct of your case remains your responsibility at all times.** | | | | |
| **How to apply** | | | | |
| 1. Complete all sections of this application form and ensure it is signed by a member representative of your organisation, stating their position. 2. Email a scanned copy of the form with all relevant documents attached to enquiries@weareadvocate.org.uk. **We cannot accept documents by post at this time**.   *Please ensure you include the following documents (including emails) with your application:*   * Court / tribunal papers, including court orders and judgments and witness statements * Letters or opinions from solicitors, barristers or advisers giving advice about the case * Key correspondence with any other person(s) involved, or their solicitors * If seeking help with an appeal, a copy of the judgment being appealed * If seeking help about a contract or formal document, a full copy of the contract / document   Lists of important documents that you should include with your application are available on our website under Apply for help > How our service works.  We need a clear description of your problem and enough documents to be able to make a decision about whether we can help. We recommend that you ask a referral agency (like Citizen's Advice or a law centre) for help to complete it if you are having trouble.  We aim to acknowledge all applications with 7 working days but please bear with us in case it takes a little longer.  **Please note:** Any documents supply will be deleted **8 weeks after your file is closed**. | | | | |
| **Please write clearly** | | | | |
| **Section 1: Charity/Group/Organisation details** | | | | |
| Charity / Community Group / Organisation\* name (\*delete): | | | | |
| Address: | | | | |
| Contact telephone numbers:  Contact name: | | | | |
| Contact role:  Email: | | | | |
| *Please note, email is the preferred form of communication so please check your spam folder if you have one.*  Where a Board or Committee Resolution is needed to seek assistance from Advocate, please confirm that the resolution has been obtained.  A board resolution is necessary:  Y  / N  A board resolution has been obtained:  Y  / N  **Please supply a copy of the aims and/or terms of reference of your Charity/Organisation/Community Group.** | | | | |
| **Section 2: Courts and tribunals** | | | | |
| **1. Is a court or tribunal involved in your case** Yes ☐ No ☐ | | | | |
|  | Name of court or tribunal: | | |  |
|  | Forthcoming hearing date: | | |  |
|  | Hearing length: | | |  |
| Please continue on a separate page if necessary | | | | |
| **2.** **Do you have deadlines relating to your case?** If so, please specify the date(s) and what is required by a deadline | | | | |
| **Section 3: Details of the other party (if there is more than one party please provide more information on a separate sheet)** | | | | |
| **Name of other party:**  **Details of their solicitor:** | | | | |
| **Contact person:** | | | | |
| **Organisation:** | | | | |
| **Address:** | | | | |
| **Telephone:** | | | | |
| **Email:** | | | | |
| If there is more than one party please provide full details on a separate sheet. It is not unusual for us to be approached for assistance by both sides in a case. If so, for confidentiality reasons will not be notified, but the requests will be dealt with by different caseworkers. | | | | |
| **Section 4: How can we help you?** | | | | |
| **What help do you need from Advocate?** | | | | |
| Tick below as appropriate: | | | | |
| Advice ☐ | | Drafting of documents ☐ | Representation at court/tribunal hearing ☐ | |
| **Section 5: Case summary** | | | | |
| Please give us a brief summary of your case including: | | | | |
| * What you want us to help with, and * A list of key dates/events up to the present in the order they happened.   **This is a very important section**. Please include all key dates and give details of any past court hearings. **It is not enough just to write ‘Please see attached papers’.**  *Please continue on a separate sheet if necessary.* | | | | |

**Financial information**

**Please complete every section fully.** If any section does not apply, please write ‘N/A’ not applicable or ‘0’. Incomplete sections will delay your application.

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| **Section 6: Financial information (please continue on a separate sheet if necessary)** |
| 1. Advocate must see a copy of your organisation's latest year-end accounts. Please supply a copy with the application form. If you are unable to do so, please explain why. |
| 1. How much income will your organisation receive or expect to receive this year? (If substantially different from the year before, please provide reasons). |
| 1. Is any of this funding allocated for payment of legal fees? |
| 1. Please set out below any further information about why you cannot pay for legal assistance (if applicable): |

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| Our approach to your personal data | | | |
| You have sent your personal (and possibly sensitive) data to Advocate so that we can assess your case and, if eligible, try to find a volunteer barrister to give you legal help. The legal basis we use for processing your data is your consent.  Processing may include:   * Administration of your application and papers by Advocate staff and volunteers including volunteer barristers, solicitors, other types of lawyers and trustees. * Your data may be seen by third parties such as advice agencies, voluntary organisations, legal advisers and other technical support organisations who may help Advocate to deliver our services.   Your consent to the above activities may be withdrawn at any time by emailing consent@weareadvocate.org.uk.    Full information about how we process your personal information can be found in our Applicant Privacy Notice (www.weareadvocate.org.uk/privacy.html).  **☐ Please tick the box if you are happy for Advocate to process your data and contact you for feedback after your case is closed.** | | | |
| **Statement of truth** | | | |
| I certify that the information in this application is to the best of my knowledge true, accurate and complete, and understand that any decision to refer a case to a volunteer barrister for assistance is taken on that basis. I understand that assistance is not guaranteed at any stage. | | | |
| Signature: |  | Date: |  |
| Name (block capitals): | | | |
| Position in organisation: | | | |
|  | | | |
| ***When filling in this form, please read the Data Protection Notice and Statement of Truth. Signing or making the application for someone else signifies their consent.*** | | | |

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Equal Opportunities

Advocate aims to assist in cases irrespective of age, race, gender, sexual orientation, disability, physical appearance, creed, religion and political persuasion. In order to help us monitor the effectiveness of our equal opportunities policy, we ask all applicants to provide the information indicated below. This information will only be used for monitoring and statistical purposes.

***This section will be detached from the application form, and will not be accessible by our volunteer case reviewers or panel members.***

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| **Your Location** | | | | | | | | | | | | | | | | | | | |
| ☐ London | | | | | | ☐ Midlands | | | | | | | ☐ North Eastern | | | | | ☐ Wales & Chester | |
| ☐ South East | | | | | | ☐ Northern | | | | | | | ☐ Western | | | | | ☐ Outside Jurisdiction | |
| **What is your case about?** | | | | | | | | | | | | | | | | | | | |
| ☐ Admin & Public | | | | | | ☐ Criminal | | | | | | | ☐ Housing/Landlord & Tenant | | | | | ☐ Other | |
| ☐ Chancery | | | | | | ☐ Employment | | | | | | | ☐ Immigration | | | | | ☐ Personal Injury & Torts | |
| ☐ Contract/Commercial | | | | | | ☐ Family | | | | | | | ☐ Media | | | | | ☐ Real Property | |
| **Ethnic Origin** | | | | | | | | | | | | | | | | | | | |
| **A) White British** | | | | | | | | | **B) Mixed** | | | | | | **C) Asian** | | | | |
| ☐ | English | | | | | | | | ☐ | | White & Black Caribbean | | | | ☐ | Indian | | | |
| ☐ | Scottish | | | | | | | | ☐ | | White & Black African | | | | ☐ | Pakistani | | | |
| ☐ | Welsh | | | | | | | | ☐ | | White & Asian | | | | ☐ | Bangladeshi | | | |
| ☐ | Northern Irish | | | | | | | | ☐ | | Other Mixed: | | | | ☐ | Chinese | | | |
| ☐ | Irish | | | | | | | |  | |  | | | | ☐ | British | | | |
| ☐ | Other white: | | | | | | | |  | |  | | | | ☐ | Other Asian: | | | |
| **D) Black** | | | | | | | | | **E) Other** | | | | | | **F) Would prefer not to indicate** | | | | |
| ☐ | Caribbean | | | | | | | | ☐ | | Any other ethnic background | | | | ☐ |  | | | |
| ☐ | African | | | | | | | |  | | please describe: | | | |  |  | | | |
| ☐ | British | | | | | | | |  | |  | | | |  |  | | | |
| ☐ | Other Black: | | | | | | | |  | |  | | | |  |  | | | |
| **Age and gender** | | | | | | | | | | | | | | | | | | | |
| **Age at date of application** | | | | | | | |  | | | | | | Would prefer not to indicate | | | | | ☐ |
| **Gender:** | | | | **Female** | ☐ | | **Male** | | | ☐ | | | | Would prefer not to indicate | | | | | ☐ |
| **Disability** | | | | | | | | | | | | | | | | | | | |
| **Do you consider yourself to have a disability** | | | | | | | | | | | | Yes ☐ No ☐ Would prefer not to indicate ☐ | | | | | | | |
| *If yes, please tick any of the list below which apply.* | | | | | | | | | | | | | | | | | | | |
| ☐ | | | Dyslexic | | | | | | ☐ | | Need personal care | | | | ☐ | | Multiple difficulties | | |
| ☐ | | | Blind / partially sighted | | | | | | ☐ | | Mental health difficulties | | | | ☐ | | Other: | | |
| ☐ | | | Deaf / hearing impairment | | | | | | ☐ | | Unseen disability (e.g. asthma, diabetes, epilepsy) | | | |  | |  | | |
| ☐ | | | Wheelchair use / mobility | | | | | |  | |  | | | | ☐ | | Would prefer not to indicate | | |
| **Source of information about Advocate** | | | | | | | | | | | | | | | | | | | |
| **Where did you hear about Advocate?** | | | | | | | | | | | | | | | | | | | |
| ☐ | | Law Centre | | | | | | | ☐ | | LawWorks | | | | ☐ | | Advocate website | | |
| ☐ | | RCJ Citizens Advice Bureau | | | | | | | ☐ | | Solicitor | | | | ☐ | | Other website: | | |
| ☐ | | Other Citizens Advice Bureau | | | | | | | ☐ | | Barrister | | | |  | |  | | |
| ☐ | | Other advice agency: | | | | | | | ☐ | | Court / Tribunal | | | | ☐ | | Made a previous application | | |
| ☐ | | Free Representation Unit | | | | | | | ☐ | | Bar Council | | | | ☐ | | Other (please specify): | | |
|  | | (FRU) | | | | | | | ☐ | | Media / Press | | | |  | |  | | |