



Rehab4Life Scheme Solicitor Panel Member Application Form

Please complete the sections relevant to your application. Please note that it is vital that all relevant questions on this form are answered accurately and that all relevant information is disclosed.

Please be patient when completing this form. We appreciate it is fairly long and tedious.

It is a combined "one form fits all" document since all the details requested are required by all stakeholders, Rehab4Life, the funders, Hampshire Trust Plc and the insurers, LAMP.

There will be no more forms to complete once you have done this. It is designed to get all the due diligence checks out of the way as quickly as possible and for the procedure to be seamless rather than disjointed.

Practice Details

Practice Name:
Address:
Freehold/Leasehold:
Year Established:
DX Number:
Telephone:
Fax:
Email:
Website:
Law Society Reference:
FSA or EPF number:
Name of FSA Authorised Company (if relevant)
Constitution [Partnership] [LLP] [Ltd Company]
Year converted from partnership (if relevant)

Contact Partner for this application:

Extra details for firm

Location of other office(s):

Freehold/Leasehold:

If LLP or Ltd Company confirm registration number:

Please supply a copy of The Law Society Certificate

Extra details for Contact Partner/Director

E-mail address:

Daytime phone number:

Mobile phone number:

Office Contacts

Name and position of day to day contact - **Funding:**

Phone number:

E-mail address:

Fax number:

Name and position of day to day contact - **Accounts:**

Phone number:

E-mail address:

Fax number:

Name and position of day to day contact - **IT:**

Phone number:

E-mail address:

Fax number:

Practise Details

Please insert the number of equity partners, other partners, solicitors, support staff etc:

Staff	Practise Total	Apply Office Total	PI
Equity Partners			
Other Partners			
Solicitors			
Other fee earners			
Support staff			

How much of the total income derives from high value personal injury work? Please answer as a percentage.

Of the balance of the Practice's income please give approximate percentages of income by work type (e.g. conveyancing, commercial, matrimonial etc.):

How many catastrophic cases is the firm currently handling?

What is the average duration of these cases?

Will additional fee earners be required if you are accepted onto the Rehab4Life Scheme and a facility is offered?

Does more than 25% of the total income of the practice derive from one client or group of associated clients?

Please provide a spreadsheet showing numbers of catastrophic cases (by case type) taken on monthly for the last twelve months and anticipated for the next twelve months.

Please provide a copy of your last Professional Indemnity Proposal Form.

Please provide a copy of your up-to-date Professional Indemnity Insurance Schedule.

Please advise whether any claims have been made under your Professional Indemnity Insurance in the last two years, or at any time which are still outstanding or are any such pending or been intimated?

Please confirm a daily backup of Accounting and Case Management (if applicable) Data is taken off-site:

Firm Bank Account details for payments

Name of Bank:

Sort Code:

Account Name:

Account Number:

Address:

Fax Number:

Contact Name:

Consent for Reference: Please complete, sign and return the attached Reference Authority to Hampshire Trust

Please provide details of any practice borrowing, or client borrowing for which the practice is liable, whether utilised or unutilised:

Please provide details of levels of utilisation:

If the Firm is an LLP or Limited Company please provide details of any individual holding 25% or more of the business:

In respect of the Contact Partner/Director and one other partner please complete, sign and return the attached "Data Protection Act – Agreement"

Partners Full Names	Date of Birth	Date Admitted	Date Joined Partnership	Home Addresses including Post Code

If there are more partners/directors please continue on a separate sheet.

Please confirm Management Accounts are prepared monthly:

Please explain briefly the basis upon which WIP is calculated (including whether at cost or charge out rate):

Personal Injury Personnel

Name of person in charge of Personal Injury Department:

Number of Partners:

Number of Solicitors:

Number of Legal Executives/Paralegals:

Number of Support Staff:

Personal Injury Caseload per fee earner:

How many of these handle catastrophic injury work:

Clinical Negligence Personnel

Name of person in charge of Clinical Negligence Department

Number of Partners

Number of Solicitors

Number of Legal Executives/Paralegals

Number of Support Staff

Clinical Negligence Caseload per fee earner

How many of these handle catastrophic injury work

Is the Practice

ISO Registered

Investors in People Registered

Holder of Lexcel

Holder of Legal Services Commission Contract

Are any Partners or Fee Earners

Members of Law Society Personal Injury Panel

Members of Clinical Negligence Panel

Members of Motor Accidents Solicitors Society

Members of AvMA Clinical Negligence Panel

Member of Professional Negligence Lawyers Association

Any Other Organisation

What Case Management Systems do you use? Specify by department if different.

At what stage do you enter into a Conditional Fee Agreement for Clinical Negligence cases (eg before/after initial investigation, before/after Pre-Action Protocol period)?

How do you risk assess cases you intend to pursue under a Conditional Fee Agreement? Please briefly outline your procedures.

What proportion of cases is rejected at initial vetting?

What library and Information facilities do you utilise?

What arrangements for Continuing Professional Education for partners and fee earners do you have?

What resources do you have for staff training?

What Barristers Chambers do you use and how are they selected?

What medical experts do you use and how are they selected?

What active steps do you take to consider Alternative Dispute Resolution in every case?

Has a complaint ever been upheld against any partners or fee earners in relation to litigation matters by the Law Society /Office for Supervision of Solicitors? Please give details.

Are any partners or fee earners subject to restrictions on their Practising Certificate? Please give details.

How many successful claims for professional negligence have there been against the practice in the last five years? Please give details.

What arrangements do you have in place for premium and/or disbursement funding?

Please give details of your internal audit systems and processes.

How many cases have you pursued in the last three years on a Conditional Fee Agreement?

	Won	Lost	Abandoned Unwound	Outstanding	Insurance claims costs
RTA					
EL					
PL					
IND DIS					
CLIN NEG					
OTHER					

What is the main reason for abandoning cases?

If cases are abandoned, how are the disbursements paid?

Are any cases run under a Conditional Fee Agreement not insured? If so, what is the reason?

What other legal expenses insurers have you used in the past?

Do you pursue cases with the following Alternative Funding?

Before The Event LEI? If so, what case types?

Public Funding? If so, what case types?

Trade Union Funding? If so, what case types?

	Expected number of cases to be insured next year?
RTL	
EL	
PL	
IND DIS	
CLIN NEG	
OTHER	

Do you have internet access?

What is the name and address of your Accountant?

What is the name and address of your Bankers?

Please confirm that you are willing for the funders / insurers to approach your Accountant?

Please confirm that you are willing for the funders and the insurers to approach your Bankers?

I declare that the information set out above is true to the best of my knowledge and belief.

Signed

Partners Name

Date

REFERENCE AUTHORITY

To: The Manager

Date _____

Name and Full Address
Of Bank

I/We hereby authorise you to provide such information as requested by Hampshire Trust Plc in connection with my/our accounts with you. I/We further authorise you to debit to our account the amount of any charge you may make for providing such reference.

(PLEASE SIGN IN ACCORDANCE WITH THE BANK'S MANDATE)

Full names and address
of account holders

Account number/s

Data Protection Act – Agreement

(ONE FORM PER INDIVIDUAL PLEASE)

To comply with the Data Protection Act 1998 please read the following and sign and return one copy of it to Hampshire Trust Plc to act as the Bank's authority to proceed as stated.

We will make searches about you at credit reference agencies who will supply us with credit information, as well as information from the Electoral Register. The agencies will record details of the search whether or not this application proceeds. We may use credit-scoring methods to assess this application and to verify your identity. Credit searches and other information which is provided to us and/or the credit reference agencies, about you and those with whom you are linked financially may be used by Hampshire Trust and other companies if credit decisions are made about you, or other members of your household. This information may also be used for debt tracing and the prevention of money laundering as well as the management of your account.

Information held about you by the Credit Reference Agencies may already be linked to records relating to one or more of your partners. For the purposes of this application you may be treated as financially linked and your application will be assessed with reference to any 'associated' records.

Hampshire Trust may undertake a search for the purpose of verifying your identity. To do so Hampshire Trust may check the details you supply against your particulars on any database (public or other) to which Hampshire Trust has access. Hampshire Trust may also use your details in the future to assist other companies for verification purposes. A record of the search will be retained.

Signed:

Print Name:

Date:

Full Home Address including Post Code:

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