**Application for Legal Representation To Be Funded by the Scottish Hospitals Inquiry**

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| **1. Your name:** |
| **2. Your status (are you applying on your own behalf, or for an organisation or body, or as a representative of a group?)****Please indicate whether you have been granted core participant status by the Inquiry: Yes/ No** |
| **3. Your contact details:****Address:****Email:****Phone:****Your preferred way for the Inquiry to contact you:** |
| **4. Contact details of your lawyer:****Name:****Address:****Email:****Phone:** |
| **5. Why do you consider that legal representation is necessary? If it is thought necessary to engage the services of counsel, please explain why.** |
| **6. The scope and estimated duration of the legal representation for which the award is sought** |
| **7. Your financial resources** **1. Are you in receipt of any social security benefit (including tax credit) or retirement pension? (If so you need not answer questions 2 and 3)** Yes/ No**2. If you are employed or self-employed, do you have a disposable income in excess of £2,500 per month? (“Disposable income” is your after tax take home pay, less the amount you pay in council tax and rent or mortgage payments. So if you take home £3,000 per month, pay rent/ mortgage payments of £500 and average council tax of £150, your monthly disposable income is £3000-£500-£150=£2350, so your answer is “No”)** Yes/ No**3. Do you have savings/ investments in excess of £16,000?** Yes/ No**Please be aware that answering “Yes” to questions 2 or 3 does not exclude the possibility of an award of legal expenses. In determining applications for assistance with legal expenses, the Chair is required to consider the financial resources of the applicant. The questions above are designed to gather some basic information to allow the Chair to do so. If you have answered “Yes” to questions 2 or 3, we may have to ask you for more details about the financial resources available to you, but your application will not be rejected on grounds of financial resources without us so doing.** |
| **7. Are there other ways you could get help with funding to pay your lawyer’s fees? Examples include through a Trade Union or by an insurance company. Please provide details.** |
| **8. Please explain why you meet the criteria set out in paragraph 4.4 of the Protocol for Legal Representation Funded by the Inquiry or, in so far as you do not, why it is in the public interest to grant your application and why it is necessary, fair, reasonable and proportionate to do so (as specified in paragraph 4.2 of the Protocol).** |
| **9. Details of legal representation****Please provide information about****(a) the type of work your legal team will do:** **(b) the names of the legal firm representing you and the legal team and their years of post-qualification experience:****(c) your lawyer’s hourly rates (see paragraph 5.6 of the Protocol):****(d) the estimated time to be spent monthly by your lawyer(s) on Inquiry work (may be a range):****(e) any other anticipated expenses relating to legal representation (for example travel expenses and photocopying):** |
| **10. Any other information you wish to provide in support of your application:** |
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**DECLARATION**

**I confirm that the information I have given in this application form (and any other documents I provide with it) is true and correct to the best of my belief and knowledge.**

**Your signature:**

**Print full name:**

**If form completed on behalf of applicant by legal representative, name of law firm and position held within the firm:**

**Date:**

Send completed formsby email to: legal@hospitalsinquiry.scot