Application Number

Form ALR

**The Urology Services Inquiry**

APPLICATION FOR THE GRANT OF LEGAL REPRESENTATION AT PUBLIC EXPENSE

Please provide all the requested information. A failure to provide the requested information may result in this application being delayed or refused. If you knowingly make a false statement you may be prosecuted.

V.1 (October 2021)

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| 1 | Is this your first application for the payment of legal expenses at public expense? If not, please provide details of the date and application number of all previous applications. |  |

**If you are an individual applicant please complete questions 2 to 13, 18 to 26, and 28 to the end; if you are an institution, organisation or other collective body, please complete questions 14 to 17, and 27 to the end.**

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| **INDIVIDUAL’S DETAILS** | | |
| 2 | Individual’s forename(s) |  |
| 3 | Individual’s middle name(s) |  |
| 4 | Individual’s surname |  |
| 5 | Individual’s surname at birth |  |
| 6 | Any other name by which the individual is known |  |
| 7 | Individual’s National Insurance Number  (if no National Insurance Number, please explain why) |  |
| 8 | Individual’s date of birth |  |
| 9 | Individual’s place of birth |  |
| 10 | Individual’s usual home address and/or contact address |  |
| 11 | Individual’s telephone number and mobile number |  |
| 12 | Individual’s email address |  |
| 13 | Individual’s occupation, trade or profession and current employment status |  |

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| **INSTITUTION/ORGANISATION/OTHER BODY** | | |
| 14 | Name |  |
| 15 | Address |  |
| 16 | Telephone number |  |
| 17 | Email address |  |

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| **SOLICITOR DETAILS** | | |
| 18 | Name of Solicitor |  |
| 19 | Name of firm of Solicitors |  |
| 20 | Solicitors’ Address |  |
| 21 | Solicitors’ telephone number |  |
| 22 | Solicitors’ email address |  |
| 23 | If a designated legal representative has been appointed in respect of the Applicant, the identity of that designated legal representative |  |
| 24 | If a designated legal representative has not been appointed in respect of the Applicant, the identity of the proposed designated legal representative |  |

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| **FINANCIAL DETAILS OF THE APPLICANT** | | |
| 25 | Please provide details, and vouching documentation, of the monthly level of income the individual receives from any the following sources:- | |
| 1. Salary |  |
| 1. Pension |  |
| 1. State benefits |  |
| 1. Interest from bank or building society deposit(s) |  |
| 1. Dividends from shares |  |
| 1. Any other income |  |
| 26 | Please also provide details of the amount of any savings, capital or other assets owned by the individual, or in which you have an interest. | |
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| 27 | Please provide details, and vouching documentation, of the following in respect of the institution/organisation or other collective body:- | |
| 1. annual accounts for the last 3 years; |  |
| 1. tax returns for the last 3 years; |  |
| 1. a statement of assets owned, or in which an interest is held; |  |
| 1. any policies of insurance potentially relevant to the subject matter of this inquiry or in respect of legal advice or representation generally; |  |

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| **THE APPLICATION** | |
| 28 | Please describe how the applicant has played, or may have played, a direct and significant role in relation to the matters set out in the Inquiry’s terms of reference. |
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| 29 | Please outline how the applicant has a significant interest in an important aspect of the matters set out in those terms of reference. |
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| 30 | Please describe why the applicant believes they may be subject to explicit or significant criticism during the Inquiry’s proceedings or in the report. |
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| 31 | Please outline what other options the applicant has explored with regard to how legal representation might be funded, other than at public expense. If other options have not been explored, please explain why. |
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| 32 | Please explain the reason(s) why legal representation is considered necessary by the Applicant. |
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| 33 | Please summarise the extent of the applicant’s financial resources (bearing in mind the information provided in the ‘Financial Details’ section above) to meet their legal expenses, and provide confirmation (if appropriate) that there are no other means by which such representation can be funded. |
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| 34 | Please explain the nature of the public interest that will be served by an award being made from public funds. |
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| 35 | Please outline in detail the nature, function and extent of the legal representation for which the award is sought. |
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| **THE PROPOSED LEGAL TEAM** | |
| 36 | Please describe the size and composition of the legal team that the applicant’s recognised legal representative proposes to engage and the reasons for so doing. |
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| 37 | Where it is proposed to engage a solicitor (paralegal or solicitor advocate) please provide their names, status within the firm, date of admission to the profession and their proposed hourly rate for inquiry related work. |
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| 38 | Where it is proposed to engage one or more Counsel please provide their names, date of call to the Junior or Senior Bar and their proposed hourly rate. |
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| **THE STAGE OF WORK TO WHICH THE APPLICATION RELATES** | |
| 39 | Please set out the nature of the work that it is proposed that each member of the legal team is going to do for the stage of work to which this application relates, the number of hours that each member of the legal team is seeking in order to carry out this stage of work, and why those hours are said to be necessary, for each member of the legal team. |
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| 40 | Please describe the nature and cost of all proposed disbursements (if any) for this stage of work, in respect of which approval is now sought, bearing in mind the caveats set out in the Inquiry Costs Protocol. |
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| **DECLARATION** |
| **For applicants** |
| I certify that the information provided in this form is correct and true to the best of my belief and knowledge. |
| **For representatives** |
| I declare that as far as I know the information I have given is true, based upon the reasonable enquiries which I have been able to make, exercising due care and diligence. |
| **For applicants and representatives** |
| I consent to the Urology Services Inquiry (‘the Inquiry’) making enquiries of any persons or bodies as it may consider necessary, including my solicitor, my employer, my bank, relevant Government Departments and Agencies and HM Revenue and Customs in relation to this application. I authorise these other persons or bodies to provide the information requested by the Inquiry. I understand that I must inform the Inquiry if my financial circumstances change during the period of the Inquiry. |

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| **Signature of Applicant** |  | Date |  |

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| **Signature of Representative** |  | Date |  |