



# The Faculty of Advcoates, Free Legal Services Unit

## Financial Eligibility Form – Individuals

All applications for free legal help from the faculty of advocates should be made on this form. We will review all applications: assistance in some employment tribunal cases will be provided by trainee advocates (devils), in other cases which we take, we will aim to secure assistance from a practising advocate. Legal assistance can take the form of advice, a written opinion, help with mediation or representation at a court or tribunal.

- We can only assist those who cannot reasonably afford the legal help which they need, and who cannot obtain that help
- from other sources, such as legal aid, insurance or their trade union.
- Applications are assessed for alternative sources of funding and on the merits of the case.
- Please read the unit's information leaflet carefully before completing this form.
- Please complete all sections and sign the form. Failure to do so may delay consideration of your application.
- Please ensure that a copy of the completed application form is retained for your records.
- Please send the following (in hard copy or electronically) to the unit:
  - this financial eligibility form;
  - the Free Legal Services Unit application form (digital or PDF version);
  - the case summary form;
  - copies of supporting documents (do not send originals as documents cannot be returned)

### Our contact details are as follows:

The Faculty of Advocates Free Legal Services Unit [flsu@advocates.org.uk](mailto:flsu@advocates.org.uk)

Application forms, case files and documents will be retained for no longer than a period of 10 years following the conclusion of each accepted case (subject to review) and no longer than 6 months should a volunteer not be found. Cases which are not accepted by the Unit will not be retained following that decision.

### A. APPLICANT INFORMATION

Full Name:		Date of Birth:	
Current Address:			
Postcode:			
Email Address:		Phone Number:	

### AGENCY INFORMATION

Referral Agency:		Name of Advisor:	
Agency Address:			
Postcode:			
Advisor Email:		Phone Number:	
Agency please check box to confirm that the applicant will not be charged for any aspect of your assistance: <input type="checkbox"/>			



## B. HOUSEHOLD INFORMATION

Number of Adults in Household:		Number of Dependent Children:	
Are you supported by your partner's Income? Yes <input type="radio"/> No <input type="radio"/>			
If yes, please provide details of Partner's employment status, role and income: -			

## C. INCOME

Employment Status:		Net Monthly Salary: £	
Benefits Received (Type & Amount): -		Other Regular Income: -	

## D. EXPENSES

Rent/ Mortgage:	£	Council Tax:	£
Utilities / Bills:			
Food & Household Expenses:			
Childcare Cost:		Dept Repayments: -	
Other essential monthly costs: -			

## E. SAVINGS AND ASSETS

Total Savings ((bank, building society, ISAs etc.): -			
Investments/shares:			
Vehicles Owned (approx. value):			
Property Owned:	Yes <input type="radio"/>	No <input type="radio"/>	Value of Property: £



Mortgage Outstanding:	£	Number of Years Left:
Address of Property:		

#### F. DEBTS AND LIABILITIES

Credit Cards / Loans (total owed): -
Other Significant Debt: -

#### G. OTHER FUNDING SOURCES

Legal Aid Status			
Have you been assessed for, or made an application for Legal Aid: Yes <input type="radio"/> No <input type="radio"/>			
Outcome: -			
Trade Union Membership providing legal help?	Yes <input type="radio"/> No <input type="radio"/>	Legal Expenses Insurance?	Yes <input type="radio"/> No <input type="radio"/>
Do you have access to any further sources of funding or legal assistance? Yes <input type="radio"/> No <input type="radio"/>			
If so, please specify: -			

#### H. SPECIAL CIRCUMSTANCES

Are there any reasons why you cannot pay for a lawyer even if you have some income or savings? (e.g. medical costs, caring responsibilities, other debts).
Please explain briefly:



## I. DECLARATION & DATA PROTECTION NOTICE

### DATA PROTECTION NOTICE

The Faculty of Advocates Free Legal Services Unit will process your information (whether provided by you or by a third party) for the purposes of administering your application and your case. Processing may include disclosure of your information to third parties such as other advice agencies, voluntary organisations, the Court, legal expenses insurers, trades unions and legal advisers. The FLSU considers itself to be a Data Processor for these purposes, on behalf of any Advocate taking on this case. On accepting the case, the Advocate will become the Data Controller for this information. By making this application and signing below you confirm that you consent to such processing. Your information will not be sold to any third party nor used for the purpose of direct marketing. Case files/documents will be retained for no longer than a period of 10 years following the conclusion of each accepted case (subject to review) and no longer than 6 months should a volunteer not be found. Cases which are not accepted by the Unit will not be retained following that decision. By signing below, you certify that the information in this application to the best of your knowledge is true, complete and accurate.

I declare that the information provided is true and complete to the best of my knowledge. I understand that this information will be used to decide if I qualify for free legal help.

### Signatures

<b>Signature of Applicant:</b>	<b>Signature of Advisor:</b>
<b>Date:</b>	<b>Date:</b>