



**BRAIN
INJURY
MATTERS**

Brain Injury Matters Solicitor Affiliation Awareness Programme

The Brain Injury Matters Affiliation Awareness Programme will provide users of Brain Injury Matters with access to a list of solicitors in Northern Ireland that have completed an Awareness Programme on Acquired Brain Injury and demonstrate key quality indicators which show adherence to good practice.

The programme will enhance skills and knowledge of those solicitors working with clients with Acquired Brain Injuries and generate vital income for Brain Injury Matters service development. Affiliated solicitors will feature on the Brain Injury Matters website www.braininjurymatters.org and the quarterly newsletter, reaching a diverse range of individuals affected by Acquired Brain Injury, including survivors, carers, health professionals and volunteers.

All solicitors applying for inclusion on Brain Injury Matters Affiliation Programme must:

- Have Professional Indemnity Insurance Cover
- Meet Disability Discrimination Act 1995 requirements
- Attend our annual training on brain injury
- Agree to a fee of £500 per annum.

**Brain Injury Matters
Suite 5C Stirling House
Castlereagh Business Park
478 Castlereagh Road
BT5 6BQ**

**028 9070 5125
www.braininjurymatters.org.uk**



BRAIN
INJURY
MATTERS

Brain Injury Matters Solicitor Affiliation Awareness Programme

Firm Details

Name of Firm: _____

Address of Office Submitted for Contact Solicitor:

Postcode: _____ Tel: _____ Fax : _____

E-mail (this will appear on the List) _____

Website: _____

Contact Solicitor Details:

Contact Name _____

Contact E-mail (if different to above) _____

Position _____ Date of Qualification _____

Solicitors Roll No. _____

Section 2: Solicitor/Firm Training Background

1. How long have you practised in personal injury work since qualification? (please attach your Continuing Professional Development (CPD) records detailing all training undertaken over the past year)

Please note 5 years is a minimum requirement

2. No. of partners in the firm _____

3. No. of associate solicitors in the firm _____

4. No. of additional fee-earners in the firm _____

5. No. of fee-earners with personal injury responsibilities _____

6. No. of fee earners with experience of managing brain injury cases _____

Brain Injury Matters
Suite 5C Stirling House
Castlereagh Business Park
478 Castlereagh Road
BT5 6BQ

028 9070 5125
www.braininjurymatters.org.uk



BRAIN
INJURY
MATTERS

Brain Injury Matters Solicitor Affiliation Awareness Programme

7. Please provide/illustrate case account example(s) over the past 5 years:

Brain Injury Matters
Suite 5C Stirling House
Castlereagh Business Park
478 Castlereagh Road
BT5 6BQ

028 9070 5125
www.braininjurymatters.org.uk



Brain Injury Matters Solicitor Affiliation Awareness Programme

8. As a solicitor and as a firm, is the make up of your caseload:

Solicitor

Mainly Claimant? Y/N

Mainly defendant? Y/N

Both? Y/N

Firm

Mainly claimant? Y/N

Mainly defendant? Y/N

Both? Y/N

9. Are you prepared to visit brain injured clients at their home? Y/N

10. Are you willing to travel to clients outside of your local area? Y/N

11. Does your office have wheelchair access? Y/N

12. Are you, the Contact Solicitor, a member of the AVMA? Y/N

13. Are you a member of APIL? Y/N

14. Does your firm have corporate APIL accreditation? Y/N

15. Are you, the Contact Solicitor, or any other fee-earner in your firm accredited by the APIL as:

Litigator Y/N

Senior Litigator Y/N

Fellow Y/N

15. Is your firm Lexcel or ISO accredited? Y/N

Please specify: _____



BRAIN
INJURY
MATTERS

Brain Injury Matters Solicitor Affiliation Awareness Programme

Section 3: Insurance

Please attach a photocopy of your professional indemnity insurance cover certificate. It must be £10,000,000 or over.

Until this is received we are unable to process your application.

Section 4: Complaints

1. Do you have a complaints procedure for clients? (If so, please provide a copy) Y/N
2. In the past 3 years, has your firm been the subject of a complaint to the Law Society NI in relation to a brain injury claim?

If yes, please provide details:

Declaration

I confirm that all the information I have provided in this application is correct.

Print name:

Signature: _____ Date: __/__/____

Brain Injury Matters
Suite 5C Stirling House
Castlereagh Business Park
478 Castlereagh Road
BT5 6BQ

028 9070 5125
www.braininjurymatters.org.uk