

The Vale of Leven Hospital Inquiry

APPLICATION FOR DESIGNATION AS A CORE PARTICIPANT, AND FOR FUNDING FOR LEGAL REPRESENTATION IN THAT CAPACITY

If you wish to be designated a Core Participant in the Vale of Leven Hospital Inquiry, you should complete **PART I** of this form. Unless you have legal representation, the address you give will be used as the designated address for service of any documents.

If you wish to be represented as a Core Participant by a recognised legal representative, you should provide his/her details in **PART II** of this form. Your legal representative's address will be used as the designated address for service on you of any documents or notices.

If, in addition, you wish to seek public funding for your recognised legal representative, you should complete **PARTS III and IV** of this form.

All applicants must sign **PART V** of this form.

When you fill in this form, you will need to look at the Guidance on awards. You will find details there about the type of information the Chairman will need in order to come to a decision about your application. This Form, the Guidance, the Scottish Ministers' Determination and information about the Inquiry are on the Inquiry website www.valeoflevenhospitalinquiry.org.

When complete, please send the form
by email to information@valeoflevenhospitalinquiry.org or
by post to The Vale of Leven Hospital Inquiry
3rd Floor, Lothian Chambers
59-63 George IV Bridge
Edinburgh
EH1 1RN

PLEASE COMPLETE IN BLOCK CAPITALS

PART I

DESIGNATION AS CORE PARTICIPANT

If you wish to be designated as a Core Participant you should complete **THIS PART**.

1. Your Name :

2. Your Designated Address for service :

(Including postcode)

3. Your telephone numbers

Daytime

:

--

Evening

:

--

4. E-mail

:

--

5. Do you have broadband internet access?

Yes / No (circle your answer)

--

6. Please provide a short statement narrating your interest in the subject matter of the Inquiry and explaining why you consider it would be appropriate for you to be designated as a Core Participant.

--

PART II

YOUR RECOGNISED LEGAL REPRESENTATIVE

If you wish to be represented by a lawyer you should complete **THIS PART**. Please provide details of the lawyer you would wish the Chairman to regard as your recognised legal representative, as follows:-

Lawyer's Name :

Business Address – to be used as Designated Address for service :

Business telephone numbers :

E-mail :

PART IV

EXTENT OF LEGAL REPRESENTATION

In terms of rule 17(2) of the 2007 Rules an applicant for funding must provide details of the extent of the legal representation sought. Please provide details of the following:-

1. The type of work your lawyer will do in representing you.

--

2. Information about your proposed legal team.

--

3. Proposed hourly rates (see the Scottish Ministers' Determination of September 2009 for the maximum permissible hourly rates).

--

4. Time to be spent on Inquiry work by your legal team (see the Scottish Ministers' Determination of September 2009 for the maximum number of chargeable hours per week).

--

5. Any other expenses relating to legal representation.

--

PART V

DECLARATION

I certify that the information given in this application form is to the best of my belief and knowledge true and correct.

Your signature

--

Date

--