**SUPP (CRI)**

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|  | **SUPERVISOR STANDARD AND DECLARATION FORM**   * Use for **Crime** only * Please refer to [guidance](https://www.gov.uk/government/publications/standard-crime-contract-2017) for advice on how to complete this form. |

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| **1. Details of organisation and Supervisor** | | |
| Organisation’s name: Firm's full trading name  Supervisor’s name:  Continuously qualified as a Supervisor since (date):  Account number(s) of office(s) supervised: This relates to the office being supervised from April 2017  Postcode(s) of office(s) supervised (if no Account number)This is only required if it is a new firm or office | | |
| **2. Generic Supervisor Requirements** | | |
| The Supervisor meets the supervisory standards by having **(please ensure that you tick at least one of the boxes below)**:   1. Supervised in the relevant Category of Law and/or Class of Work at least one full-time Caseworker (or equivalent) for at least one year in the five year period prior to completing this form. ; or 2. Completed an approved training course covering key supervisory skills no earlier than 12 months prior to the completion of this form. ; or 3. Completed the Level 3 or higher National Vocational Qualification (NVQ) standard in supervising no earlier than five years prior to the completion of this form. This does not exist so do not tick! | | |
| **3. Legal Competence Standard for Supervisors** | | |
| **i)** | **Areas of Knowledge (undertaken in the previous 12 months)** |  |
| a) | Has held a current non-conditional practising certificate for the previous three years | Please give date of date of most recently obtained practicing certificate  All certificates are issued on 1 November |
| b) | Has achieved the Criminal Litigation Accreditation Scheme (CLAS) in full | Please give date of qualification  Please ensure the full date is stated unless it is 2001 or before, in which case you would write 'Passported' followed by the year |

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| **ii)** | **Skills/ Procedure/ Knowledge- Examples from the last 12 months** | **File name/UFN** | **Type of Case** | **Date closed/ worked on** |
| a) | Has undertaken a minimum of 6 Police Station Advice and Assistance cases (of which no more than two can be Police Station Telephone Advice where there is no subsequent Police Station Attendance)  These examples **must** have been undertaken with the last 12 months | 1. Please include the 2. UFN of all files   3.  4.  5.  6.Do not include  private files | 1. The type of 2. case must be 3. listed   e.g. theft  4.  5.  6. | 1. The file dates 2. must be on or after 15   3. Sept. 2015  4.   1. 'Ongoing' is not sufficient - a 2. date must be   included |
| bi) | Has undertaken 20 examples of magistrates’ court Representation and advocacy  These examples **must** have been undertaken with the last 12 months  *Or* | 1. Private work may 2. be included but 3. the file 4. name 5. must still be 6. recorded   5.  6.  7.  8.  9.  10.  11.  12.  13.  14.  15.  16.  17.  18.  19.  20. | 1. As above  2.  3.  4.  5.  6.  7.  8.  9.  10.  11.  12.  13.  14.  15.  16.  17.  18.  19.  20. | 1. As above  2.  3.  4.  5.  6.  7.  8.  9.  10.  11.  12.  13.  14.  15.  16.  17.  18.  19.  20. |

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| bii) | Has undertaken a minimum of 10 Magistrates Court Representations and Advocacy  These examples **must** have been undertaken with the last 12 months  *and*  Only required if Bi & Bii above are not completed | | | | 1.  2.  3.  4.  5.  6.  7.  8.  9.  10. | | 1.  2.  3.  4.  5.  6.  7.  8.  9.  10. | | | 1.  2.  3.  4.  5.  6.  7.  8.  9.  10. |
| biii) | Has undertaken a minimum of 5 Crown Court Representations and Advocacy  These examples **must** have been undertaken with the last 12 months  Only required if Bi & Bii above are not completed | | | | 1.  2.  3.  4.  5. | | 1.  2.  3.  4.  5. | | | 1.  2.  3.  4.  5. |
| **4. Crime Case Involvement**  Supervisors that work full time must demonstrate case involvement of at least 350 hours of Crime casework supervision each year in the 12 months prior to the date at Section 5 (Declaration). Please give details in the first column below.  Supervisors that work part-time must demonstrate case involvement of 1050 hours over the past 5 years prior to that date. Please give details in all five columns below. | | | | | | | | | | |
| **Type of Involvement** | | **Minimum/ Maximum hours allowed per year** (Refer to guidance regarding part- time Supervisors) | **Hours in past 12 Months** | **Hours in 24**  **months** | | **Hours in 36**  **months** | | **Hours in 48**  **months** | **Hours in 60 Months** | |
| All Supervisors | **Part- time** Supervisors only | | | | | | |
| a) Personal Case work and Direct (documented) Supervision | | Total minimum 235 hours comprising: | This box should be left empty | This section This section | | is for Part Time should not be co | | supervisors onl mpleted by a fu | y.  ll time supervisor | |
| i) Personal casework (minimum 115 hours) | This box must  be completed |  | |  | |  |  | |
| ii) Direct Supervision |  |  | |  | |  |  | |
| b) File Review (inc. face-to- face) | | Maximum 115 hours (i.e. approx. 50% of  235 hours) | If you are not sure about times, multiply |  | |  | |  |  | |

the number of reviews by 30 mins.

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| c) Delivery of external training  (CPD-  accredited) | Maximum 115 hours | Note that this is about delivery of training and |  |  |  |  |
| d) Documented Research/ Production of publications | Maximum 115 hours | production of  research  so this would be blank for most people. |  |  |  |  |
| e) Other supervision | Maximum 115 hours |  |  |  |  |  |
| **TOTAL** | **Minimum 350 Hours** | This must be the su  of the above figures | m |  |  |  |

**5. Declaration**

**This Supervisor was and continues to be employed by the organisation named at Section1 (Details**

**of organisation and Supervisor) above as at the date of completion of this form.**

Tick box to confirm

**As a person with powers of representation, decision or control of the organisation named at Section 1 above, I verify the information provided in this form and vouch that it is accurate.**

Name:

Name of the person approving the contents of the form formform

Role:

(e.g. Partner, Director, Trustee, Sole Practitioner)

Dated:

Please don't forget to date the form