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|  | SUPERVISOR STANDARD andDECLARATION FORM* Use for **IMMIGRATION AND ASYLUM** only
* Please refer to [guidance](http://www.justice.gov.uk/legal-aid/contracts-and-tenders/standard-civil-contract-2013) on completing Supervisor Declaration Forms for advice on how to complete this form.
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| 1. Details of organisation/supervisor applying |
| Organisation’s name:      Supervisor’s forename:      Supervisor’s surname:      Continuously qualified as a Supervisor since (date):      Account number(s) (as issued by us) of office(s) supervised:      Postcode(s) of office(s) supervised (if no Account number):       |

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| 2. Generic Supervisor Requirements |
| The Supervisor meets the supervisory standards by having:(i) 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(ii) Completed an approved training course covering key supervisory skills no earlier than 12 months prior to the completion of this form. [ ] ; or(iii) 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. [ ]  |

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| 3. Legal Competence Standard for Supervisors |
| i) | OISC Requirements |  |
|  | The proposed Supervisor **must** meet, or be declared exempt from, all the OISC requirements.  | Tick for compliance [ ]  |
| ii) | Accreditation requirement  |  |
| a) | Level 2 or 3 of the Immigration & Asylum Accreditation Scheme (IAAS).   | Accreditation level (2 or 3)Date admitted to panel:      Date last reaccredited:      The Supervisor is registered with the relevant regulatory body for inclusion on their respective list of advisers (SRA Register and the List of Regulated Advisers). [ ]  |
| b) | Immigration Supervisors must have achieved the Supervisor Level Assessment of the IAAS | Date when Supervisor Assessment passed:       |
| **iii)** | **Skills/Procedure/Knowledge – examples from the last 12 months** | File name/reference | **Date closed/ worked on** |
| a) | 1 example of the ability to recognise a possible contravention of the rights and freedoms expressed in the European Convention on Human Rights 1950, as given effect in the Human Rights Act 1998. | 1.       | 1.       |

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| 4. | Immigration Case InvolvementSupervisors that work full time must demonstrate case involvement in the category of law (350 hours each year) over the past 3 years (36 months). Please give details in the first three columns below.Supervisors that work part-time you must demonstrate case involvement in the category of law (1050 hours in total) over the past 5 years (60 months). 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 months 13 to 24  | Hours in months 25 to 36  | Hours in months 37 to 48 | Hours in months 49 to 60  |
| All Supervisors | Part-time Supervisors only |
| a)Personal caseworkDirect (documented) supervision | Total minimum 235 hours comprising:  |  |  |  |  |  |
| i) Personal casework (minimum 115 hours). |       |       |       |       |       |
| ii) Direct supervision |       |       |       |       |       |
| b)File Review (including face-to-face) | Maximum 60 hours (i.e. approx. 50% of 115 hours) |       |       |       |       |       |
| c)External training delivery (CPD- accredited) | Maximum 115 hours |       |       |       |       |       |
| d) Documented research and the production of publications | Maximum 115 hours |       |       |       |       |       |
| e) Other supervision | Maximum 115 hours |       |       |       |       |       |
| **TOTAL** | **Minimum 350 hours** |       |       |       |       |       |

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| 5. Declaration |
| **This Supervisor was and continues to be employed by the organisation named at 1 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 1 above, I verify the information provided in this form and vouch that it is accurate.** Name:      Role:       (e.g. Partner, Director, Trustee)Dated:       |