SUPP (FAMMED) – SupERVISOR1

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| P1english_2 | Family Mediation SUPERVISOR STANDARD DECLARATION FORM   * Use for **Family** **Mediation** only * Please refer to **Guidance on Civil Supervisor Requirements (March 2021)** for advice on how to complete this form. |

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| 1. Details of Supervisor |
| Organisation’s name:  Supervisor’s name:       Internal/External:  Staff Supervised: |

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| 2. Competence Standard for Supervisors (PPC) | |
| Requirements | Date of Qualification/Registration as a Supervisor |
| Registered as a Supervisor with a member body of the Family Mediation Council |  |

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| 3. | Case Involvement Requirements  Please complete all sections below. Supervisor must be able to meet all of the requirements. | |
| Type of involvement | Requirements | Please tick if Yes |
| Personal casework | The supervisor meets the supervisory standards by having:   1. at least 3 years experience as a mediator 2. been registered as a supervisor with a member of the Family Mediation Council or other body we reasonably specify from time to time; 3. conducted at least 45 hours of mediation sessions (at least 15 of which have been conducted in the year prior to qualification/registration as a Supervisor) in each mediation category of work; 4. successfully completed a Mediation Supervision training course recognised by a member organisation of the Family Mediation Council; 5. conducted at least 15 hours of mediation sessions each year since registration as a Supervisor; and 6. attended a FMC recognised update course annually. |  |

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| 4. Declaration |
| **I confirm that I am either the Compliance Officer for Legal Practice, the Head of Legal Practice, the Compliance Manager or (where the organisation is not regulated) a member of key personnel who either (i) has decision and / or veto rights over decisions relating to the running of the organisation, or (ii) has the right to exercise, or actually exercises, significant influence or control over the organisation, and I confirm that the information provided in this form is accurate.**    Tick Box to confirm:  Name:  Role:  Dated: |