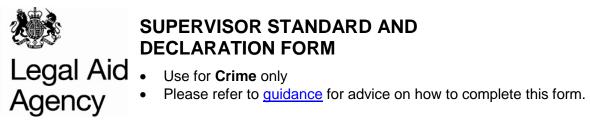
## **SUPP (CRI)**



## **SUPERVISOR STANDARD AND DECLARATION FORM**

1. Details of organisation and Supervisor			
Organisation's name: Supervisor's name: Continuously qualified as a Supervisor since (date): Account number(s) of office(s) supervised: Postcode(s) of office(s) supervised (if no Account number):			
2. G	eneric Supervisor Requirements		
The Supervisor meets the supervisory standards by having (please ensure that you tick at least one of the boxes below):  (i) Supervised in the research Category of Lav and/or Class of Wirk a least one ull-time Caseworker (or equivalent) for at least one year in the five year paried print to contribute the form.   (ii) Completed an approved training course covering key supervisory skills no earlier than 12 months prior to the completion of this form.   (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.			
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	
b)	Has achieved the Criminal Litigation Accreditation Scheme (CLAS) in full	Please give date of qualification	

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	1.	1.	1.
,	Station Advice and Assistance cases (of	2.	2.	2.
	which no more than two can be Police Station Telephone Advice where there is no	3.	3.	3.
	subsequent Police Station Attendance)	4.	4.	4.
		5.	5.	5.
	These examples <b>must</b> have been undertaken with the last 12 months	6.	6.	6.
bi)	Has undertaken 20 examples of	1.	1.	1.
,	magistrates' court representation and	2.	2.	2.
	advocacy under a representation Order	3.	3.	3.
		4.	4.	4.
	These examples <b>must</b> have been	5.	5.	5.
	undertaken with the last 12 months	6.	6.	6.
		7.	7.	7.
		8.	8.	8.
	Or	9.	9.	9.
		10.	10.	10.
		11.	11.	11.
		12.	12.	12.
				13.
	Withd	19.	15. <b>-</b> 1	14.
				15.
	VVILLICA			16.
		17.	17.	17.
		18.	18.	18.
		19.	19.	19.
				20.
		20.	20.	20.
bii)	Has undertaken a minimum of 10	1.	1.	1.
~,	Magistrates Court Representations and	2.	2.	2.
	Advocacy	3.	3.	3.
		4.	4.	4.
	These examples <b>must</b> have been	5.	5.	5.
	undertaken with the last 12 months	6.	6.	6.
		7.	7.	7.
		8.	8.	8.
	and	9.	9.	9.
		10.	10.	10.
		10.	10.	10.

biii)	Has undertaken a minimum of 5 Crown Court Representations and Advocacy	1. 2.	1. 2.	1. 2.
	These examples <b>must</b> have been undertaken with the last 12 months	3. 4. 5.	3. 4. 5.	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 three years prior to the date at Section 5 (Declaration). Please give details in the first three columns 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	Hours in past 12	Hours in 24	Hours in	Hours in 48	Hours in 60 Months
	allowed per year (Refer to guidance regarding part- time Supervisors)	Months	<b>months</b> all Supervisor	months	months Part- time	Supervisors only
a) Personal Case work and Direct (documented)	Total minimum 235 hours	ho	مما			
Supervision	ii) Direct	hc		IVV		
b) File Review (inc. face-to- face)	Supervision  Maximum 115 hours (i.e. approx. 50% of 235 hours)					
c) Delivery of external training (CPD- accredited)	Maximum 115 hours					
d) Documented Research/ Production of publications	Maximum 115 hours					
e) Other supervision TOTAL	Maximum 115 hours Minimum 350 Hours					

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:		
Role: (e.g. Partner, Director, Trustee, Sole Practitioner)		
Dated:		

## Withdrawn