**SUPP (CRI-PL1)**

|  |  |
| --- | --- |
|  | SUPERVISOR STANDARD and DECLARATION FORM   * Use for **Prison Law**. * Your organisation may not have or employ a Supervisor who is also a Prison Law Supervisor for two or more other Organisations. * Please refer to [guidance](https://www.gov.uk/government/publications/own-client-crime-contract-2015) for advice on how to complete this form. |
| Prison Law | |
| 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. Generic 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 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. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3. Legal Competence Standard for Supervisors | | | | |
| i) | **Areas of Knowledge** – representations at oral hearings in the previous 12 months | **File name/ref** | **Area of knowledge** | **Date closed/ worked on** |
|  | Has in the previous 12 months undertaken for the organisation named at section 1 (Details of Organisation and Supervisor) above a minimum of four representations at four distinguishable types of oral hearing before the Parole Board or the Independent Adjudicator for four different clients. | 1.  2.  3.  4.  5.  6.  7.  8. | 1.  2.  3.  4.  5.  6.  7.  8. | 1.  2.  3.  4.  5.  6.  7.  8. |
| ii) | Updating legal knowledge  Please summarise how the Supervisor becomes aware of changes in legislation and case law. If a subscription to a specialist journal is relied on, please provide the title(s). |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **4. Prison Law Case Involvement**  Supervisors that work **full time** must demonstrate case involvement of at t least 350 hours of direct Prison Law casework supervision (or direct Prison Law casework) 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[[1]](#footnote-1). Please give details in **all three** columns below.  Note: To maintain their contract status, a Prison Law Supervisor must undertake at least 350 hours of direct casework or direct documented supervision for each organisation supervised, each 12 months. | | | | | | |
| **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: |  |  |  |  |  |
| i) Personal casework (minimum 115 hours) |  |  |  |  |  |
| ii) Direct Supervision |  |  |  |  |  |
| b) File Review (inc. face-to- face) | 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 | Maximum 115 hours |  |  |  |  |  |
| TOTAL | Minimum 350 Hours |  |  |  |  |  |

|  |
| --- |
| 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, Sole Practitioner)  Dated: |

1. See the Own Client Crime Contract 2015 for a definition of Prison Law work. [↑](#footnote-ref-1)